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ABSTRACT

The purpose of this curriculum, part of Project Reaching Out, is to provide African-Americans with low incidence disabilities an overview of information on assistive technology in a manner that respects differences in beliefs, interpersonal styles, and behaviors. Low incidence disabilities are defined as deafness, blindness, deaf blindness, neurological impairments, and orthopedic impairments. Part 1 of the curriculum, titled "Trainer Information," offers statistics on African-Americans with disabilities, cultural considerations, cultural working definitions, and techniques for assessing one's own cultural heritage. Part 2 provides guidelines for using the project's training materials. It covers principles of culturally competent programs, learning methods of adults, and presentation tips. Part 3 contains the curriculum modules themselves, focusing on the benefits and uses of assistive technology, legislation affecting the provision of assistive technology, and funding and advocacy. For training of trainers and service providers, modules on cultural awareness and marketing technology training to African-Americans with disabilities are also provided. Part 4 includes appendixes addressing: accessibility training information and an accessibility checklist; project evaluation forms; a sample participant's manual, containing a directory of several information resources; a list of state protection and advocacy agencies; a list of 31 suggested readings and 4 videos; and information on federal policy concerning assistive technology. Part 5 provides over 40 overheads for use in presenting the curriculum modules. (Contains approximately 30 references.) (JDD)

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PROJECT REACHING OUT:

Technology Training For Minorities With Low Incidence Disabilities

Part I
African-American Curriculum

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August, 1993

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Project Reaching Out: Curriculum I

African-American Training

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Project Reaching Out is funded by the U.S. Department of Education, National Institute for Disabilities and Rehabilitation Research under Public Law 100-407, The Technology-Related Assistance for Individuals with Disabilities Act of 1988.

Project Purpose

According to the latest statistics on disability, the demographic profile of America is changing profoundly. Statistics provided in the United States Department of Commerce, 1990 Bureau of the Census Report (#CB91-215) exemplify just how rapidly America's racial profile is changing. This report states while the rate of population increase from 1980 to 1990 for white Americans is 6 percent, the rate of increase for racial and ethnic minorities is much higher. The increase for Latinos is 53 percent, 13 percent for African-Americans, and 108 percent for Asian-Americans and Pacific Islanders. By the year 2000, this nation will have 260 million people, one of every three of whom will be either African-American, Latino, or Asian-American.

The House of Representatives version of the 1992 amendments to the Rehabilitation Act reported:

> Ethnic and racial minorities tend to have disabling conditions at a disproportionately high rate. The rate of work related disability for American Indians is about one and a half times that of the general population. African-American are also one and a half times more likely to be disabled than whites and twice as likely to be severely disabled.
>
> Patterns of inequitable treatment of minorities have been documented in all major junctures of the vocational rehabilitation process.

Literature and research on the subject of cultural diversity show that persons brought up in another culture, or sub-culture may react differently in many situations than persons who have been raised in the mainstream of American culture. These cultural differences have created barriers in communication between rehabilitation professionals and clients from minority groups, and have also made it more difficult to market rehabilitation services to minority populations. As a result, many persons with disabilities are not being reached, and, therefore, do not know of the many laws, types of technology, and services that could potentially assist them in achieving a higher quality of life.

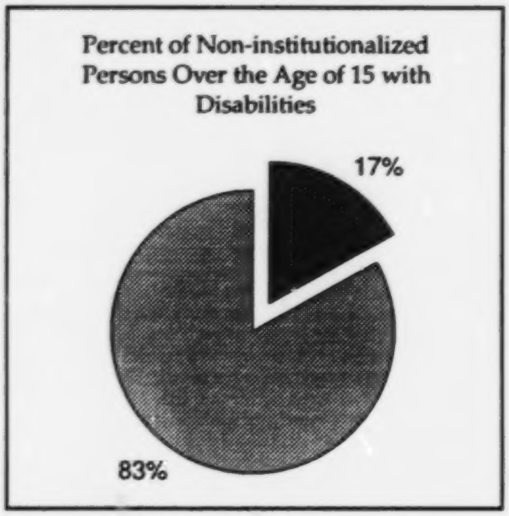
The purpose of RESNA's Technology Training Project: Project Reaching Out, is to provide African-American [in this program, the term African-American is meant to encompass all black Americans] and Hispanic persons with low-incidence disabilities (LID) an overview of information on assistive technology in a manner that respects differences in beliefs, interpersonal styles, and behaviors. For purposes of this project, LID is defined as deafness, blindness, deaf-blindness, neurological impairments, and orthopedic impairments. These disabilities can be considered to be at the severe end of the disability continuum.

Trainer Information

Disability Statistics

Project Reaching Out, as mentioned in the project purpose, was developed to meet the assistive technology information needs of African-Americans and Hispanics with low-incidence disabilities. Research shows us that these are underserved populations whose socio-economic status continues to lag behind that of mainstream Anglo-American society. The statistics represented here demonstrate the increased need for serving this segment of society by showing their rate of disabilities in relation to mainstream society.

The number of disabled Americans varies according to different studies and how they define disability. The National Center for Health Statistics reports that there are over 34 million Americans, more than 14 percent of the civilian non-institutionalized population, that are limited in their activity due to long-term disability (Digest of Data, 1992). According to a 1990 study by Frank Bowe of the President's Committee on Employment of People with Disabilities, there may be as many as 43 million (17%) individuals with disabilities. At the very least, one in seven American's has some type of disability. According to statistics, the minority segment of our society, which is predominantly African-American and Hispanic, has a disproportionately higher rate of disability which continues to grow.



Definitions

In order to better understand statistics on disability, it is important to understand how the terms associated with disability are used and defined.

The term **disability** is defined by the World Health Organization as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner, or in the range considered normal" (Digest of Data, 1992).

A **work disability** is defined by the census bureau as a health problem or disability which prevents persons from working or which limits the kind or amount of work they can do.

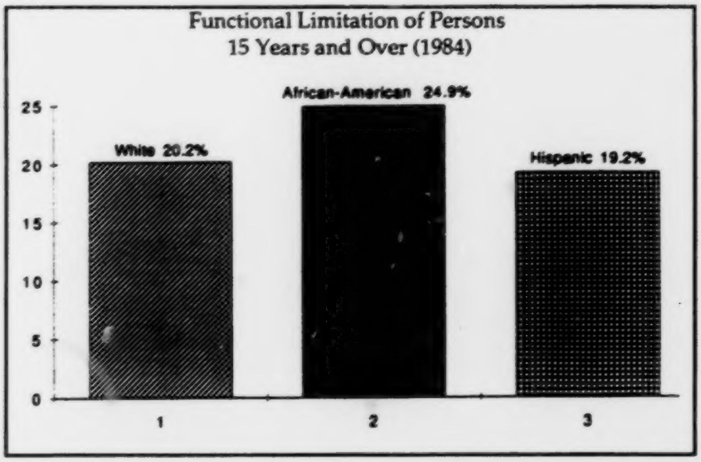
An **activity limitation** is the concept used to measure disability. The limitation is defined by the *major activities* considered normal for one's age group:

1) ordinary play for children under 5 years of age;
2) attending school for those 5-17 years of age;
3) working or keeping house for persons 18-69 years of age; and,
4) capacity for independent living (e.g., the ability to bathe, shop, dress, eat, and otherwise care for oneself without the assistance of another person) for persons after age 69 (Digest of Data, 1992).

A **functional limitation** is the inability to perform any of the following activities:

1) Seeing ordinary newspaper print (with glasses or contacts if normally used).
2) Hearing normal conversation (using aid if normally used).
3) Having speech understood.
4) Lifting or carrying 10 lbs.
5) Walking a quarter of a mile.
6) Climbing a flight of stairs without resting.
7) Getting around inside.
8) Getting around outside.
9) Getting into and out of bed (Digest of Data, 1992).

The higher rate of disabilities among minorities is best illustrated when shown in proportion to each group's own population. The graph on the right shows that African-Americans have the highest percent of functional limitation with 24.9 percent of the adult population having some sort of limitation in their daily activities.


Functional Limitation of Persons
15 Years and Over (1984)

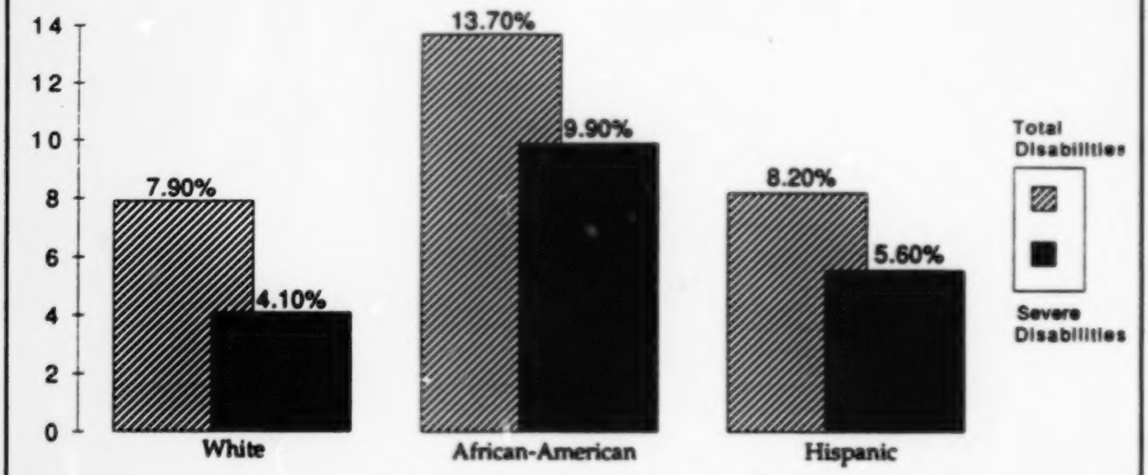
The difference in activity limitations, for all age groups, among African-Americans and whites appear small: 14.9 percent of the African-American population and 14.2 percent of the white population. However, the real differences are, in reality, much greater because the

African-American population as a whole is younger than the white, and activity limitation increases with age (Digest of Data, 1992). This is evident in the percentage of persons with a work disability in the chart below. Note that the differences increase with the severity of disabilities, with African-Americans having over twice the rate of a severe disability as whites.

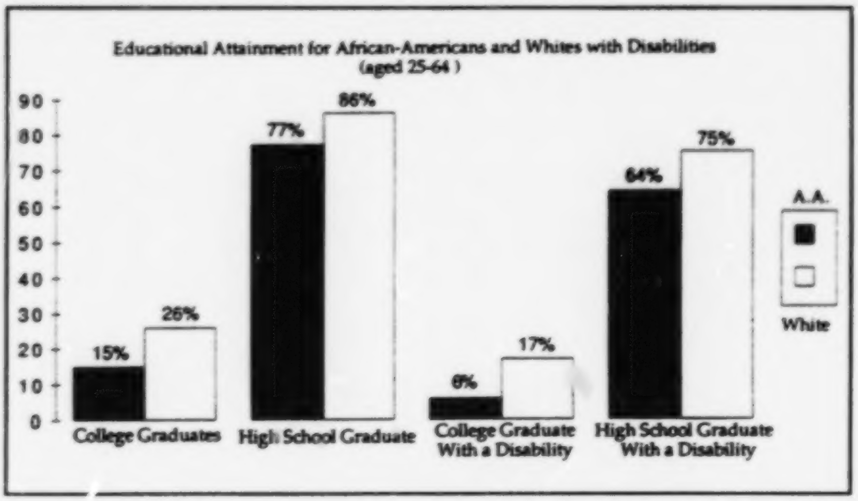
Statistics also show us a direct correlation with poverty, unemployment, low educational attainment, and disability. Twenty eight percent of persons with a work disability have family incomes below the poverty level as opposed to only 9.4 percent of those with out a work disability, nearly a threefold difference (Digest of Data, 1992). In 1987, the average working age African-American (16-64 years old) with a disability had a mean income from all sources of under $9,000, compared to $14,000 for the average African-American with no disability (Bowe, 1990).

The same is true for unemployment. Only 35 percent of males and 27.5 percent of females with a work disability were in the labor force, compared to 88.9 percent and 69.5 percent of males and females, respectively, who have no work disability (Digest of Data). While this is already an unfortunate statistic, we can assume it is even greater among African-Americans due to their higher incidence of work disabilities (see above chart).

Percent of Persons 16-64 Years Old With a Work Disability



Regarding educational attainment, we see the same pattern. If we compare the African-American and white adult labor force (25-64 years old), we see that only 15 percent of African-Americans are college graduates compared to 26 percent of whites. And again, we see that the percent difference becomes greater for African-Americans with disabilities: 6 percent of African-Americans with disabilities have college degrees, compared to 17 percent of whites (Digest of Data, 1992).



There are many possible explanations for the causes of disability among African-Americans, including: More blue collar jobs, less access to health insurance and medical care, and lower educational levels. Whatever the cause, these statistics show us the greater incidence of disability among minorities, and in particular African-Americans, and the greater need for "reaching out."

General Facts on Disability Statistics

- ❖ 17% (43 million) of Americans have disabilities
- ❖ 19% of disabled Americans live below the poverty level
- ❖ 65% of disabled people live with parents as adults
- ❖ 40% of disabled adults have 8 years or less of formal education
- ❖ 13.7% (1 in every 7) of African-American adults have a disability
- ❖ 41% of African-Americans with a disability and in the labor force live on below-poverty incomes
- ❖ 46% of African-American men and 39% of African-American women with a disability who have jobs are not covered by a pension or a health plan

The average African-American adult (16-64 years of age) with a disability:

- is 47 years old
- is not married
- lives in a metropolitan area
- is not a high school graduate
- is severely disabled (71.8% of all disabled African-Americans)
- does not work, either full- or part-time (77.2%)
- had or has a blue collar job
- had a mean income from all sources of under $9,000 in 1987

Costs of Job Accomodations

31% of accomodations - no cost
50% of accomodations - less than $50
69% of accomodations - less than $500
88% of accomodations - less than $1,000

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My State's Disability Statistics

Trainer: Use this space for statistics on your state's demographic make-up and/or census data.

Cultural Considerations

The purpose of the following information and exercises is to promote and facilitate an understanding and appreciation for some of the key cultural differences in persons with disabilities, who are racial and/or ethnic minorities. An understanding of key cultural differences of racial and/or ethnic minorities should enable you to 1) feel at ease in presenting information, 2) respond with sensitivity to questions asked and assertions made, and 3) assist users or would-be users in overcoming barriers to using assistive technology that may be related more to internal cultural variables than to external systems variables.

Although comparisons in culture are made for two racial/ethnic minority groups, under no circumstance is inferiority or deprivation of culture implied. Many of the racial/ethnic minorities with whom you interact will have assimilated some, if not most, of the cultural values of mainstream Americans. Others will be acculturated. That is, they will have adopted some aspects of mainstream American culture but also continue to adhere to the values of their native culture. Needless to say, it is important to be aware of and respect the cultural values of all individuals.

Cultural Working Definitions

Before discussing specific cultural information, a review of some general cross-cultural principles and definitions is necessary.

A ***cultural group*** is defined as people with common origins, customs, and styles of living. The group has a sense of identity and a shared language. Their shared history and experiences shape the groups' values, goals, expectations, beliefs, perceptions, and behaviors from birth until death. This definition includes both ethnic and religious minorities.

Racial minorities, however, do not necessarily qualify as cultural groups. A ***racial minority*** is one whose "members are readily identified by distinctive physical characteristics that are perceived as different from those of other members of society, such as skin color, hair type, body structure, shape of head, nose or eyes" (Axelson, 1985, p. 125). Although members of a racial minority might share a common cultural history, as in the case of Americans, they might have very different cultural experiences, as in the case of whites of Hispanic origin and whites of Anglo-Saxon heritage.

Ethnocentricism is the tendency to view one's own cultural group as the center of everything, the standard against which all others are judged. It assumes that one's own cultural patterns are the correct and the best ways to acting. Historically, many whites have judged culturally different clients in terms of values and behaviors of the white, dominant culture. This lack of understanding of, and respect for ethnic and cultural differences has led to racism and discrimination which have been conveyed both subtly and overtly.

Cultural relativity is the idea that any behavior must be judged first in relation to the context of the culture in which it occurs. Thus, you must first relate to your client's interpretations of experiences from his or her own background and cultural belief system before you can effectively communicate. For example, we may expect participants to arrive for services/training alone because we stress independence in the culture we are accustomed to. However, persons from other cultures may feel more comfortable bringing other family members and expect them to be welcome and included in the service/training. By learning about the social and family patterns that predominate in various cultures, we will be able to understand behavior that is unexpected in our own culture, and begin to see it as a natural occurrence rather than a barrier in communication.

However endless the diversity of cultural expressions appears, there are cultural universals. For example, the following structures or functions are found in every extended culture: a family unit, marriage, parental roles, physiological needs, and forms of self expression that meet psychological and spiritual needs. Some universals are:

- family structure, roles, and relations;
- health beliefs, particularly related to chronic illness and disability;
- religious beliefs and their interrelationship with health beliefs;
- sexual attitudes and practices;
- drug usage patterns; and,
- styles of communication, particularly those that impact on education.

It must be emphasized that a holistic view is critical in understanding any cultural system. All parts of the culture must be seen within the larger context. To isolate one component or subsystem is to ignore the cultural complexity of the group. It is necessary to learn about the broader socioeconomic, political, religious, and cultural context in which health is embedded.

As we learn about traits that are characteristic of a particular cultural group, we must remember to see each person as an individual. In part, the degree to which an individual client behaves, feels, and believes like others from his or her culture is dependent on the degree of acculturation.

Acculturation is a term which is used to describe the degree to which people from a particular cultural group display behavior which is like the more pervasive American norms of behavior. The degree to which people act like mainstream America is related to the amount and kind of exposure to dominant anglo standards and behaviors. Factors that may lead to a higher degree of acculturation are: 1) a relatively high level of formal education, probably a minimum of several years of high school; 2) birth into a family that has lived in the United States for at least several years; 3) extensive contact with people outside their ethnic and/or family social network; 4) for immigrants, immigration to the U.S. at an early age; 5) urban, as opposed to rural, origin; 6) limited migration back and forth to the mother country; and, 7) higher socioeconomic status. Other factors influencing individual differences are age, sex, occupation, social class, religious affiliation, and family size.

Assessing Your Own Cultural Heritage

The culture in which you are raised greatly influences your attitudes, beliefs, values, and behaviors. In order to provide sensitive and effective services to clients from cultures that are different from your own, two things must occur.

1. An awareness of your own cultural values and beliefs and a recognition of how they influence your attitudes and behaviors.

2. An understanding of the cultural values and beliefs of your clients and how they influence their attitudes and behaviors.

Take a few minutes to do the following exercises. They will help you clarify your attitudes and beliefs and how these influence your ability to work with clients from diverse cultural backgrounds. There are no right or wrong answers to these questions. They are intended only to facilitate an acknowledgement of your own cultural heritage.

Exercise 1

(Source: Hutchinson, 1986)

Acknowledging Your Cultural Heritage

- What ethnic group, socioeconomic class, religion, age group, and community do you belong to?
- What experiences have you had with people from ethnic groups, socioeconomic classes, religions, age groups or communities different from your own?
- What were those experiences like? How did you feel about them? When you were growing up what did your parents and significant others say about people who were different from your family?
- What about your ethnic group, socioeconomic class, religion, age group, and community do you find embarrassing or wish you could change? Why?
- What sociocultural factors in your background might contribute to being rejected by members of other cultures?
- What personal qualities do you have that will help you establish interpersonal relationships with persons from other cultural groups?
- What personal qualities may be detrimental?

Answering the above questions honestly and completely is the important first step in self-awareness. The second step involves exploring beliefs and attitudes that may be different from, or the same as, those held by the participant or participant's family. Now ponder the following statements in Exercise 2, adapted from Henderson and Primaux (1981, p. 55).

Exercise 2

Exploring Specific Cultural Attitudes

	Agree	**Disagree**
I would like to travel to different countries.	☐	☐
I accept opinions different from my own.	☐	☐
I respond with compassion to poverty-stricken people.	☐	☐
I think interracial marriage is a good thing.	☐	☐
I would feel uncomfortable in a group in which I am an ethnic minority.	☐	☐
I consider failure a bad thing.	☐	☐
I invite people from different ethnic groups to my home.	☐	☐
I believe that the Ku Klux Klan has its good points.	☐	☐
I am concerned about the treatment of minorities in employment and health care.	☐	☐
I tell (or laugh at) ethnic jokes.	☐	☐
The U.S. should tighten up its immigration policy.	☐	☐
People who speak a different language and who act different interest me.	☐	☐
The refugees should be forced to return home.	☐	☐
I feel uncomfortable in low-income neighborhoods.	☐	☐
I prefer to conform rather than disagree in public.	☐	☐
I spend a lot of time worrying about social injustices without doing much about them.	☐	☐
I believe that almost anyone who really wants to can get a good job.	☐	☐
I have a close friend of another race/ethnic group.	☐	☐
I would enjoy working with participants from a different racial/ethnic group.	☐	☐

Can you see any pattern in your responses to the above questions? Did any of your answers surprise you? If so, why? Why not?

How Do You Relate to Various Groups of People in Society?

The following is a two-step exercise designed to help you to determine how you may relate to different types of individuals in our society. This exercise was adapted from the work of Louis Thayer by Axelson (1985).

Instructions:

Below is a list of individuals and five columns representing your possible levels of response to these individuals. Read down the first column and place a check mark by those you WOULD NOT BE ABLE TO GREET or WOULD HESITATE TO GREET using the definitions of the levels of response that follow.

Do the same process for the remaining four columns, placing a check mark by those individuals that you feel you CAN'T ACCEPT.

Continue the same process for the remaining four columns, placing a check mark by those individuals that you feel you would NOT HELP, do not have the BACKGROUND KNOWLEDGE TO ASSIST, or DO NOT FEEL YOU COULD ADVOCATE FOR. Try to respond honestly, not as you think might be socially or professionally desirable. Your answers are only for your personal use in clarifying your initial reactions to different people.

Defined below are various levels of response you might have toward a person.

Levels of Response:

1. *Can't Greet:* I feel I can not greet this person warmly and welcome him or her sincerely.
2. *Can't Accept:* I feel I can not honestly accept this person as he or she is and be comfortable enough to listen to his or her problems.
3. *Wouldn't Help:* I feel I could not genuinely try to help this person with his or her problems as they might relate to or arise from the label-stereotype given to him or her.
4. *No Background:* I feel I don't have the background of knowledge and/or experience to be able to help this person.
5. *Couldn't Advocate For:* I feel I could not honestly be an advocate for this person.

Level of Response

Individual	1 Can't Greet	2 Can't Accept	3 Wouldn't Help	4 No Background	5 Couldn't Advocate For
1.Haitian	☐	☐	☐	☐	☐
2. Child Abuser	☐	☐	☐	☐	☐
3. Jewish person	☐	☐	☐	☐	☐
4. Person with Hemophilia	☐	☐	☐	☐	☐
5 Neo-Nazi	☐	☐	☐	☐	☐
6. Mexican American	☐	☐	☐	☐	☐
7. IV drug user	☐	☐	☐	☐	☐
8. Catholic	☐	☐	☐	☐	☐
9. Senile, elderly person	☐	☐	☐	☐	☐
10. Teamster Union member	☐	☐	☐	☐	☐
11. Native American	☐	☐	☐	☐	☐
12. Prostitute	☐	☐	☐	☐	☐
13. Jehovah's Witness	☐	☐	☐	☐	☐
14. Person with cerebral palsy	☐	☐	☐	☐	☐
15. Equal Rights Ammendment opponent	☐	☐	☐	☐	☐
16. Puerto Rican American	☐	☐	☐	☐	☐
17. Gay/Lesbian	☐	☐	☐	☐	☐
18. Atheist	☐	☐	☐	☐	☐
19. Person with AIDS	☐	☐	☐	☐	☐
20. Communist	☐	☐	☐	☐	☐
21. African-American	☐	☐	☐	☐	☐
22. Unmarried, expectant teenager	☐	☐	☐	☐	☐
23. Protestant	☐	☐	☐	☐	☐
24. Person who is blind	☐	☐	☐	☐	☐
25. Ku Klux Klansman	☐	☐	☐	☐	☐
26. White Anglo-Saxon	☐	☐	☐	☐	☐
27. Alcoholic	☐	☐	☐	☐	☐
28. Amish person	☐	☐	☐	☐	☐
29. Person with cancer	☐	☐	☐	☐	☐
30. Homeless Person	☐	☐	☐	☐	☐

Scoring Guide: The previous activity may help you anticipate difficulty in working with some clients at various levels. The thirty types of individuals can be grouped into five categories: ethnic/racial, social issues/problems, religious, physically/mentally handicapped, and political. Transfer your check marks to the following form. If you have a concentration of checks within a specific category of individuals or at specific levels, this may indicate a conflict that could hinder you from performing effectively and professionally.

Level of Response

	1	2	3	4	5
Individual	**Can't Greet**	**Can't Accept**	**Wouldn't Help**	**No Background**	**Couldn't Advocate For**
Ethnic/Racial					
1. Haitian	☐	☐	☐	☐	☐
6. Mexican American	☐	☐	☐	☐	☐
11. Native American	☐	☐	☐	☐	☐
16. Puerto Rican American	☐	☐	☐	☐	☐
21. African-American	☐	☐	☐	☐	☐
26. White Anglo-Saxon	☐	☐	☐	☐	☐
Social Issues/Problems					
2. Child Abuser	☐	☐	☐	☐	☐
7. IV drug user	☐	☐	☐	☐	☐
12. Prostitute	☐	☐	☐	☐	☐
17. Gay/Lesbian	☐	☐	☐	☐	☐
22. Unmarried, expectant teenager	☐	☐	☐	☐	☐
27. Alcoholic	☐	☐	☐	☐	☐
Religious					
3. Jew	☐	☐	☐	☐	☐
8. Catholic	☐	☐	☐	☐	☐
13. Jehovah's Witness	☐	☐	☐	☐	☐
18. Atheist	☐	☐	☐	☐	☐
23. Protestant	☐	☐	☐	☐	☐
28. Amish person	☐	☐	☐	☐	☐

Physically/Mentally Disabled					
4. Person with Hemophilia	☐	☐	☐	☐	☐
9. Senile, elderly person	☐	☐	☐	☐	☐

Level of Response

	1 Can't Greet	2 Can't Accept	3 Wouldn't Help	4 No Background	5 Couldn't Advocate For
Individual					
14. Person with Cerebral Palsy	☐	☐	☐	☐	☐
19. Person with AIDS	☐	☐	☐	☐	☐
24. Person who is blind	☐	☐	☐	☐	☐
29. Person with cancer	☐	☐	☐	☐	☐
Political					
5. Neo-Nazi	☐	☐	☐	☐	☐
10. Teamster Union member	☐	☐	☐	☐	☐
15. E.R.A. opponent	☐	☐	☐	☐	☐
20. Communist	☐	☐	☐	☐	☐
25. Ku Klux Klansman	☐	☐	☐	☐	☐
30. Homeless Person	☐	☐	☐	☐	☐

Exercise #4 (Axelson, 1985, p. 15), on the following page, is intended to help you understand your social identity.

Exercise 4

Getting in Touch with Your Social Identity

Identifying Your Social Roles

1. Circle the items in each of the four columns that best describe you.

2. Place a check mark by the items you circled that seem to be most important or significant for any reason to you at this time in your life.

A

Lower economic class,
Middle economic class,
Upper economic class

Militant,
Radical,
Liberal,
Moderate,
Conservative,
Reactionary,
Indifferent

Republican,
Democrat,
Independent

Protestant,
Catholic,
Jew,
Buddhist,
Atheist,
Agnostic
Other _________

B

Anglo-Saxon,
American,
Anglo,
White

Black,
African-American

Hispanic,
Latino,
Chicano,
Latin-American,
Hispano, Latin,
Hablante,
Spanish-speaking

Asian-American,
Asian,
Oriental,

Native-American,
Indian,
American-Indian,
Amerindian,
Other:_________

C

Female, male

Married,single,
separated,
divorced

Wife,husband,
Mother, father,
step-parent,
godparent,
Grandmother,
grandfather,
Aunt, uncle,
niece, nephew,
cousin,
Daughter, son,
step-child,
grandchild,
Sister, brother,
half-sister, half-brother, step-brother, step-sister

D

Business person,
White-collar worker,
Professional,
Technician,
Blue-collar worker,
Skilled worker,
Student,
Service provider,
Laborer

Other:________

How Did You Identify Yourself?

1. I best describe myself as a (an):

Column A:____

Column B:____

Column C:____

Column D:____

2. According to my check marks, the most important roles in my life at this time are:____

Some Discussion Questions

With the above descriptions in mind, consider the following questions:

1. What are the advantages and disadvantages of being this kind of person in my personal and social life today? My working life?

2. What are the advantages and disadvantages of being this kind of person in your community? In other (different racial/ethnic) communities?

This final exercise, adapted from Axelson (1985), involves reading through a list of assumptions and behaviors of both blacks and whites that can either block or facilitate authentic relations. Although this list was generated almost 20 year ago, many of the points continue to be applicable today. Although this focuses on black-white relations, most of the dynamics could apply to any cross-cultural relationship, especially Anglo-American relations with other ethnic minorities. (Please note that the term black is used to keep the authenticity of this exercise.)

Exercise 5

White/Black Interpersonal Relations

Assumptions That Whites Make Which Block Authentic Relations

1. Color is unimportant in interpersonal relations.
2. Blacks will always welcome and appreciate inclusion in white society.
3. Open recognition of color may embarrass blacks.
4. Blacks are trying to use whites.
5. Blacks can be stereotyped.
6. White society is superior to black society.
7. "Liberal" whites are free of racism.
8. All blacks are alike in their attitudes and behavior.
9. Blacks are oversensitive.
10. Blacks must be controlled.

Assumptions That Whites Can Make Which Will Facilitate Authentic Relations

1. People count as individuals.
2. Blacks are human with individual feelings, aspirations, and attitudes.
3. Blacks have a heritage of which they are proud.
4. Interdependence is needed between blacks and whites.
5. Blacks are angry.
6. Whites cannot fully understand what it means to be black.
7. Whiteness/blackness is a real difference but not the basis on which to determine behavior.
8. Most blacks can handle whites' authentic behavior and feelings.
9. Blacks want a responsible society.
10. Blacks are capable of managerial maturity.
11. I may be part of the problem.

Behaviors of Whites Which Block Authentic Relations

1. Interruptions.
2. Condescending behavior.
3. Offering help where not needed or wanted.
4. Avoidance of contact (eye-to-eye and physical).
5. Verbal focus on black behavior rather that white behavior.
6. Insisting on playing games according to white rules.
7. Showing annoyance at black behavior which differs from their own.
8. Expressions of too-easy acceptance and friendship.
9. Talking about, rather than to, blacks who are present.

Behaviors of Whites Which Facilitate Authentic Relations

1. Directness and openness in expressing feelings.
2. Assisting other white brothers and sisters to understand and confront feelings.
3. Supporting self-initiated moves of black people.
4. Listening without interrupting.
5. Demonstration of interest in learning about black perceptions, culture, etc.
6. Staying with, and working through, difficult confrontations.
7. Taking a risk (being first to confront the differences).
8. Assuming responsibility for examining own motives.

Assumptions That Blacks Make Which Block Authentic Relations:

1. All whites are alike.
2. There are no "soul brothers and sisters" among whites.
3. Whites have all the power.
4. Whites are always trying to use blacks.
5. Whites are united in their attitude toward blacks.
6. All whites are racists.
7. Whites are not really trying to understand the situation of the blacks.
8. Whites have got to deal on black terms.
9. Silence is the sign of hostility.
10. Whites cannot and will not change except by force.
11. The only way to gain attention is through confrontation.
12. All whites are deceptive.
13. All whites will let you down in the "crunch".

Assumptions That Blacks Make Which Will Facilitate Authentic Relations:

1. Openness is healthy.
2. Interdependence is needed between blacks and whites.
3. People count as individuals.
4. Negotiation and collaboration are possible strategies.
5. Whites are human beings and, whether they should or not, do have their own hang-ups.
6. Some whites can help and "do their own thing."
7. Some whites have "soul".

Behaviors of Blacks Which Block Authentic Relations

1. Confrontation too early and too harshly.
2. Rejection of honest expressions of acceptance and friendship.
3. Push whites into such a defensive posture that learning and reexamination are impossible.
4. Failure to keep a commitment and then offering no explanation.
5. "In-group" joking, laughing at whites--in black culture/language.
6. Giving answers blacks think whites want to hear.
7. Using confrontation as the primary relationship style.
8. Isolationism.

Behaviors of Blacks Which Facilitate Authentic Relations

1. Showing interest in understanding whites' point of view.
2. Acknowledging that there are some committed whites.
3. Acting as if "we have some power" – and don't need to prove it.
4. Allowing whites to experience racism.
5. Openness.
6. Expression of real feelings.
7. Dealing with whites where they are.
8. Meeting whites half-way.
9. Treating whites on one-to-one basis.
10. Telling it like it is.
11. Realistic goal-sharing.
12. Showing pride in their heritage.

Using the Project Reaching Out Training Materials

Guidelines for Using the Project Reaching Out Training Materials

Introduction:

These training materials have been developed to meet the needs of African-American persons with disabilities and trainers. The modules can be arranged to create several curriculums such as those outlined below. It is strongly recommended that information on legislation, resources, etc., specific to your state, be added to the training modules where appropriate. Each suggested curriculum arrangement of the training modules is followed by training preparation guidelines. The final section is a reminder list for use with all the suggested curriculums.

#1. PROJECT REACHING OUT: TRAIN THE TRAINER CURRICULUM

When training trainers use the following **modules**:

✔ Marketing Technology Training to African-Americans with Disabilities
✔ Cultural Awareness
✔ Benefits and Uses of Assistive Technology
✔ Legislation Affecting the Provision of Assistive Technology
   1. *The Technology-Related Assistance for Individuals with Disabilities Act of 1988* (P.L. 100-407)
   2. *Individuals with Disabilities Education Act of 1990*
   3. *The Rehabilitation Act of 1973* and subsequent reauthorizations
   4. *Americans with Disabilities Act of 1990*
✔ Funding and Advocacy
Note: Read Adult Learning and Things to Remember...

Training Preparation

❖ **Who to Invite and How:** Persons appropriate for the train-the-trainer program are: Staff from your assistive technology project, including information and referral staff; board members who are in a position to train or teach; sub-grantees and contractors; and, consumers or anyone in a position to conduct the training.

Announcements describing the program should be sent to persons who you think would be best suited to attend, rather than announcing the program on a large scale. Fifteen is an appropriate number of participants for this training. Always attempt to have participants from a variety of settings so that the training program will have a broader impact when it is replicated.

❖ **Registration Procedure:** Include with the announcement letter, a registration form for registrants to mail to you with all necessary information (i.e., name address, special needs). The sample registration form for service providers is also an appropriate type of form for trainers. Be sure to send a note confirming registrations as they arrive.

❖ **Space and Equipment:** If you have 15 registrants, reserve space for 25 registrants as you will need room for presenters, equipment to be set up in the room, audio/visual, wheelchairs, and dogs. Space should always meet the highest accessibility standards whenever possible. There is an accessibility checklist in the appendices section of the manual. Audio/Visual needs for this training are: TV/VCR, overhead projector and screen, and microphones on tables up front.

❖ **Materials for Participants:** Trainers will receive: An agenda, a trainer's manual; a sample participant manual; several articles on disability and cultural diversity (see Appendix 5 for the Suggested Reading List); several written exercises (included in Part 2 of manual); two letters of interpretation from the Office of Special Education Programs with overviews of these letters (located in the appendix); the fact sheet *Facilitating Effective Communication* (located in the cultural section); and, evaluation forms (located in the appendix). It is your responsibility to add information that you feel is up-to-date and relevant; especially information specific to your state.

❖ **How Long is the Training?:** Allow 3.5 hours for the cultural diversity module, 1.5 hours for benefits, and 2.0 hours for legislation and funding. At least 45 minutes should be allowed for lunch, and beverages should be provided throughout the day.

#2. PROJECT REACHING OUT: CONSUMER CURRICULUM

When training consumers, use the following **modules:**

✔ Introduction
✔ Benefits and Uses of Assistive Technology
✔ Legislation Affecting the Provision of Assistive Technology
    1. *The Technology-Related Assistance for Individuals with Disabilities Act of 1988* (P.L. 100-407)
    2. *Individuals with Disabilities Education Act of 1990*
    3. *The Rehabilitation Act of 1973* and subsequent reauthorizations
    4. *Americans with Disabilities Act of 1990*
✔ Funding and Advocacy

Note: Prepare Participant Manual (See sample in Appendix 3)

Training Preparation

❖ **Who to Invite and How:** Marketing efforts should be aimed at all African-American consumers in your state. (Consumers, for this training, means all African-Americans with disabilities). This does not mean you should exclude persons of other races if they are interested in the information, but that by advertising to

African-Americans you are able to insure their participation to a greater degree.

Reaching consumers is much more challenging than reaching trainers or service providers. In developing a mailing list for consumers it is helpful to follow these guidelines:

- Review the phone book of the city where the training will take place. You can get names and addresses from headings under: Social service organizations, disability, minority, churches, disease or disability based organizations, community/recreation centers, child care centers (including Head Start programs); and, independent living centers as points of dissemination of information about your training for consumers.

- Check with your phone company to see if they have a Black Yellow Pages publication. If so, get the names and addresses of organizations/businesses that seem to have consumer involvement. The Admissions Office and Disabled Student Services Department of nearby universities are also good places to send flyers, as are nursing centers!

- One of the best ways to find potential participants is to network by telephone to service providers in the area who can give you the names of several consumers they have worked with. Calling or writing these consumers on a personal basis is a great way to spread the word about the training. Family members are also always welcome to attend the program.

- Ask people you know to please let anyone that could benefit know about the training and provide them with flyers. If you are active in a church or community center, post or distribute flyers there and be sure to talk about the training whenever you get a chance.

❖ **Marketing Materials:** The pages at the end of this section contain examples of a training announcement and a flyer that the Project Reaching Out staff developed and used to market to consumers. These were mailed together to provide as much information as possible to the persons receiving them.

TIPS: * Flyers and announcements should always be double-checked for errors in spelling, addresses, and dates.

* Avoid putting a long distance number on the flyer. If holding a training in another part of your state, use your 800 number or find a reliable co-sponsor in the town where you will hold the training.

❖ **Registration:** If the training will be held locally, assign a staff member to telephone registration and put their name on the flyer. Information gathered should include: Name, address, phone, and accommodations needed. Mail-in registration is also an option. Be sure to include confirmation letters in either registration process as this provides a reminder, as well as a sign of your interest and commitment to the participant.

TIPS: * Never use an answering machine on the line where consumers will register! It turns people off and confuses others.

* Have a standard registration form ready to take down phoned-in registrant information.

❖ **Space and Equipment:** A good number of consumers for this program is between 35 and 40. If you have 40 registrants, reserve space for 60 registrants because you will need room for: Presenters, equipment to be set up in the room (including audio/visual), wheelchairs, and dogs. Space should always meet the highest accessibility standards when possible. There is an accessibility checklist in the appendices section of the manual. The audio visual needs for this training are: TV/VCR, overhead projector and screen, and microphones for the trainer and presenters when needed.

❖ **Materials for Participants:** Participants must be provided with an information packet or a manual that includes your state resources on assistive technology, including addresses, phone numbers, and a short description of what each agency or provider offers. A sample of the manual RESNA developed is included in the appendices section. Even though some agency names differ from state to state, similar agencies exist in most every state. Manuals should be prepared ahead of time in regular print, large print, braille, and audio-tape and provided to all participants with respect to their different needs. Trainers may then photocopy these manuals for distribution to participants when they conduct the training on later dates.

Optional Use: Project Reaching Out: Service Provider Curriculum

If desired you may use these modules to provide basic training to other persons. You may wish to augment these materials with your state's information.

✔ Cultural Awareness
✔ Benefits and Uses of Assistive Technology
✔ Legislation Affecting the Provision of Assistive Technology (same as above)
✔ Funding and Advocacy
Note: Prepare Participant Manual (See sample in Appendix 3)

Training Preparation

❖ **Who to Invite and How:** Appropriate persons for this training include any staff from agencies and organizations across your state that work with persons with low incidence disabilities of African-American heritage who might benefit from knowledge of assistive technology. A mailing list must be developed that includes all of these agencies. In order to supplement your list, request a copy of the Black Yellow Pages from your phone company to pinpoint additional organizations and agencies. Check the all-purpose yellow pages under categories such as: Social service organizations, disability, minority, churches, disease based organizations, community/recreation centers, child care centers (including head start programs), and independent living centers. Ask agencies you work closely with for a copy of their mailing list. Networking by phone is also beneficial. Place follow-up phone calls to potential contacts to whom you have sent announcements. You can remind them of your mailing or ask them for their participation in the training by presenting for a few minutes about their agency and what it offers consumers.

❖ **Materials for Participants:** Service providers should receive: An agenda, articles on disability and cultural diversity (check the reading list and reference list included in the appendix); written exercises (*My Cultural Heritage, Where Do I Fit In/Where do They Fit In? and Asking the Right Questions: The 1st Stage of Awareness* - included in Part 2 of this manual); two letters of interpretation from the Office of Special Education Programs, with overviews of these letters; evaluation forms (in the appendix); the *Facilitating Effective Communication* fact sheet (located in the cultural section); and any other information that you feel is up-to-date and relevant.

❖ **Space and Equipment:** If you have 40 registrants, reserve space for 60 registrants because you will need room for presenters, equipment to be set up in the room, Audio/Visual, wheelchairs, and dogs. Space should always meet the highest accessibility standards whenever possible, see accessibility checklist in the appendix. Audio/visual needs for this training are: TV/VCR, overhead projector and screen, and microphones on tables.

❖ **How long is the Training?:** Allow 3.5 hours for the cultural diversity module, 1.5 hours for benefits, and 2.0 hours for legislation and funding. At least 45 minutes should be given for lunch. Refreshments should be provided through the day.

Reminders For All Curriculum Uses:

1. Review materials on cultural sensitivity and conduct the self-assessment for trainers.

2. Review materials on adult learning, planning accessible training, and marketing to culturally diverse participants.

3. Review program objectives, materials list and presentation guidelines in preparation for the program.

4. Read the modules thoroughly and write notes where appropriate. The trainer narrative should be used as a guideline for your actual presentation. It should not be read out of the book.

6. Overhead information should be prepared in the most friendly way for the

audience and trainer. Overheads are included in this training curriculum. Flip charts and markers may also be used. Always read aloud and describe the information on your transparencies or flip charts for those who may have visual impairments or may not be able to read printed materials, or English.

7. Provide participants with a folder or binder of participant information at the beginning of each program. All of the information in the participant manual is in the appendix in the back of your trainer's manual. Please add your local and state information to localize the Information Resources section for participants. Be sure to have copies made on tape, braille, and large print prior to training. Some participants may request an advance copy of the tape or materials.

8. Encourage staff from the state assistive technology project to attend the program in order to answer any questions participants may have about the Technology-Related Assistance for Individuals with Disabilities Act and what their state project is doing.

9. Involve consumers in the training program by asking them to present on the type of assistive technology they use. This could be planned during the Benefits and Uses section of the training program.

Principles of Culturally Competent Programs

The following are some principles for consideration in your presentation of the training to consumers.

1. *Culturally competent services must be family centered and community based.*

2. *Staff should be aware that families are unique and must be treated uniquely.* It is as culturally insensitive to assume that all families within a given cultural group will react the same way as it is to ignore the fact that culture is an important variable in determining how we behave.

3. *Care must be taken in separating cultural issues from the effects of poverty and discrimination experienced by many minority groups within the United States*. The economics of being poor may require models of child care different from ones that are culturally preferred. Families may have few options and resources at their disposal, and these resources dictate the most economical ways of providing care.

4. *Program staff should have the capacity and opportunity to assess for themselves their own cultural values and understand the impact of these values on their ability to provide culturally competent services.* This cultural self-awareness is an ongoing discovery process and can be valuable in defining new program and training needs.

5. *It is not necessary to be of a culture to provide culturally competent/sensitive services to members of that culture*. However, it is important to understand the dynamics of the tension caused when two or more cultures interact.

6. *It is recognized that good programs reflect relationships and networks across agencies and communities.*

7. *The development of culturally competent programs requires a paradigm shift on the part of service providers to share ownership and decision-making.*

The above information was taken from *Developing Culturally Competent Programs for Families of Children with Special Needs.* Georgetown University Child Development Center, National Center for Networking Community-Based Services, Washington, D.C.

Adult Learning

How We Learn From Training Sessions

The goal of an effective training session is to provide information that is useful and interesting for the participants. More specifically, trainers attempt to provide participants with information and skills that will affect their future behavior. To be effective, trainers must recognize basic principles of adult learning and carefully design training approaches to achieve desired outcomes. These factors are important whether the participants are service providers, business personnel, consumers, or others involved with supporting people with disabilities.

Principles of Adult Learning

Exemplary practices will:

- occur in a relaxed, open environment
- use adults' prior experiences to link with new content
- provide relevant and valued knowledge and skills
- allow for independent learning and pace
- accept participants ideas' and values
- contain clear objectives of the training

Exemplary formats will:

- allow for individual differences
- be reinforcing
- be organized into manageable units
- provide adequate feedback
- have opportunities to practice new ideas and behaviors

Exemplary teachers will:

- provide a climate conducive to learning
- use learners' experiences as educational resources
- encourage collaboration and participation
- provide evaluation and feedback to learners

Training Formats

What to teach and how to present it depends on the desire outcome of learning. A training session can achieve a number or outcomes, as depicted below:

Training Formats & Expected Outcomes

If Expected Outcome Is:	The Desired Formats Are:
A. Increased Awareness	Lectures Tapes & Films Written materials
B. Knowledge	Lecture & discussion Demonstration & discussion Programmed videotapes & written materials Interactive software
C. Skill	
1. Immediate skill	Practice with feedback
2. Enduring skill	Repeated practice with feedback in natural setting
3. Generalized skill	Follow-up observation & instruction across condition

Adapted from: Bellamy, G. T., Rhodes, L.E., Mank, D.M., & Albin, J. M. (1988). *Supported Employment: A Community Implementation Guide.* Baltimore: Paul H. Brookes.

Presentation Skills

It is generally assumed that an outstanding public speaker is successful for one of two reasons: 1) the person is a "born presenter" with a gift for public speaking, or 2) the person has developed a "formula" for public speaking that carries them through any speaking engagement. Fortunately, neither of these assumptions is completely valid. While it may be true that some people tend to be more comfortable presenting than others, and some presenters seem to have a formula for speaking, in reality public speakers become good only after:

- Ample practice
- Mastering the content area
- Learning to become comfortable with speaking
- Allowing their personality to show through during the presentation (be yourself)

Building Confidence

Becoming comfortable with public speaking can be a difficult goal to achieve (recent statistics rated the fear of speaking in public as #1 fear over the fear of death, divorce, and nuclear disaster). However, comfort with speaking in public is possible. Although there are a variety of fears associated with presenting, solutions are available. The table on the following page presents some of these fears and some strategies for dealing effectively with them.

Presentation Tips

There are a variety of fears associated with giving presentations, however solutions are available. This table presents some common fears and strategies for dealing with them.

CATEGORY	EXAMPLES	SOLUTIONS
Environmental		
Fears related to immediate surroundings and problems with environment Usually low-level and easily presentable	• Equipment breakdowns • Supplies will be lost • The room is the wrong size • Participants will be uncomfortable	• Develop checklists for presentation requirements • Ask ahead for room and equipment needs • Arrive early to set-up and check everything
Physical		
Fears related to how you feel and the physical effects of presenting Very common fears related to instinctual survival responses	• Queasiness • Heart rate • Hands shaking • Inability to relax	• Relaxation exercises (take a walk, stretching exercises) • Eat properly • Drink water (room temperature is best) • Deep breathing (4 count in, 4 out) • Dress comfortably
Psychological		
Fears related to uncertainty, worry, and other anxieties about how you will perform	• Catastrophic thinking about yourself • Overgeneralizing (i.e., making one small experience the basis for fear) • Filtering out good aspects and concentrating on the negative	• Make positive statements about the session • Think of nervousness as excitement • Visualize positive experience • Affirm your success as a presenter • Stop thinking about yourself and think about your message

Practice, Practice, Practice

Practicing how to present for a variety of situations, as well as for specific events, is the key to developing a comfortable style. The following guidelines can help:

Guidelines for Speaking

ELEMENT	GOAL	AVOID
Pitch	Natural & relaxed Variety in pitch	Too high or too low Monotone
Volume	Suited to the room space	Too loud or too soft Inconsistent levels
Rate	Relaxed Some variety to add emphasis	Too slow or too fast Monotonous
Tone	Clear and pleasant	Hoarse or raspy Nasal or flat
Articulation	Clearly stated	Mumbling or Mispronunciation

Guidelines for Body Movement & Postures

ELEMENT	DO	DON'T
Movement	Move purposefully Move around some Sit/stand still Sit/stand straight Sit/stand confidently	Shuffle Rock back & forth Slouch
Gestures	Vary your gestures Use expressive gestures	Overuse Point Put your hands in your pocket Play with objects
Eye Contact	Look at the audience Move from face to face	Stare Sweep the room

Adapted From: Keye Productivity Center (1987), *How to Make Powerful Presentations.* Kansas City, MO: Author

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Rehearsing the Presentation

Any of several different strategies might be useful when practicing your presentation. For example, you might:

Rehearse for an audience. Try visualizing an audience while rehearsing, or rehearsing in front of other people for practice. While rehearsing, work on overcoming the fears that confront you.

Rehearse to a mirror. By using a mirror during rehearsal, it is possible to work on movements and gestures that are related to delivery.

Carefully plan the opening remarks. The beginning of a presentation can often carry a presenter through the entire session. Practice a number of openings and develop one that is comfortable and effective.

Rehearse the entire presentation from beginning to end. Follow the "3-6" rule when rehearsing: Practice the entire presentation at least three times, but no more than six times. Know the content well, but avoid making it seem "canned." Also, try a variety of rehearsal methods.

Identify problem areas and work on them one at a time. Everyone has potential for improvement. The key is to recognize this and not to feel defeated when confronted by a problem.

Polishing Your Style

The importance of body movement and posture. Body movement plays an important part in how effectively a presenter communicates. Keep in mind that how you sit or stand, your posture, the gestures you use, and how often you use them are all integral parts of your presentation.

Use humor carefully. Humor adds impact, when used appropriately. Make sure it is relevant and in good taste. If anyone is to be the butt of your joke, make it be yourself.

Prepare for questions. Allow for enough time in the presentation for some questions and comments. A question and answer period can be precarious. Prepare for this by anticipating tough questions, rehearsing answers for them, practicing being tactful, and deflating antagonism. Remember, it is acceptable to say you don't know the answer, and will research a response, assist in locating a referral, etc.

Using Audio-Visual Aids

For many presentations, audio-visual aids such as overheads, videos, slides, etc., will increase your effectiveness. When used effectively, they can add clarity to points, focus the message, and increase the audience's interest. There are also cases when such aids may be inappropriate, as with very small group interactions. Decide whether to use these aids and plan ahead for their use.

GUIDELINES FOR USING MEDIA IN PRESENTATIONS

	USE	GUIDELINES
Overheads	Effective for presenting factual information Use for presentation outlines/agendas	Not more than 10 lines per page No more than 6 words per line Highlight main points/facts
Slides	Use as part of a short presentation to give overview Use to isolate/accent components of a model or process Use to describe a case study	No more than 15 minutes in length Avoid using too many slides Remember that the room must be dark-participants probably won't be able to read or take notes
Video	Use to illustrate model or process Use to highlight differences in models/processes Use for before & after examples	Presentations should be short (10-15) minutes Edit video clips to only highlight what is presented

Tips when using visual aids:

- Rehearse with the visual aids you will use in your presentation.
- Practice using the apparatus (e.g., on/off, focus).
- Try moving with and around the apparatus.
- Keep aids in the proper sequence.
- Have a contingency plan in place in case of breakdown (e.g., extra bulb for the projector).
- Be ready for Murphy to strike - prepare for presenting without the visual aids.

Adapted from: Dalton, T., Morton, M. V., & Everson, J.M. (1987) *Delivering Inservice Training: Effective Audio-Visual Aids and Room Arrangements*. In J.M. Everson, et al. (eds). *Achieving Outcomes: A Guide to Interagency Training in Transition and Supported Employment*. Richmond, VA: Virginia Commonwealth University.

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Presentation Guidelines

Consider the following guidelines when giving a presentation:

1. Know your audience. What do they expect to get out of the program? Why are they there? What information do you want to share? What is most important?

2. Take culture into consideration. Encourage participants to ask questions, clarify information and comment on the material presented; make use of several types of communication, rather than just verbal exchange.

3. Follow the course objectives and share objectives with your participants.

4. Use an "Ice Breaker" exercise to make participants comfortable and begin contributing their experiences or information.

5. Sequence events and information in logical order.
    a. Begin with announcements, introduce yourself, general information such as access to restrooms and drinking fountains, and asking participants if they are comfortable.
    b. State the overall objectives before starting on the actual modules.

6. Plan a variety of activities and opportunities for participants to actively take part in the program. No one enjoys a presentation that is monotonous.

7. Keep the presentation flexible, allowing more time for areas where participant knowledge is weak. Encourage participants to share personal stories as they relate to the topics at hand.

8. Build-in methods to evaluate the program as you go along.
    a. Ask question throughout the day to determine if participants understand the information presented.

9. Make your presentation enjoyable and interesting for participants.

10. Know your material.
    a. Be prepared to answer questions.

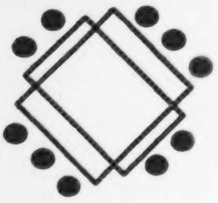
11. Set up and check equipment ahead of time.
    a. Arrange appropriate seating for the amount of participants.
    b. Know location of restrooms, water fountains, emergency exits and elevators.
    c. Make sure slides are arranged in correct order and right side up in projector.

12. Arrange meeting room so that:
    a. You are never standing with your back to a window because of the glare.
    b. Interpreters and presenters are located where they can be seen and heard easily by the audience.
    c. Seats are arranged to let everyone see and hear well.
    d. Seating arrangement leaves room for wheelchairs.
    e. All audiovisual equipment is situated properly for good viewing.
    f. If the room is very large, speakers have a microphone.

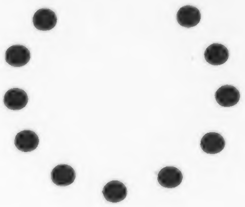
13. When answering questions from the group, repeat the question before giving your answer so that everyone hears it.

Room Arrangements for Presentations

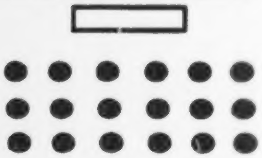
Tables & Chairs in a Diamond



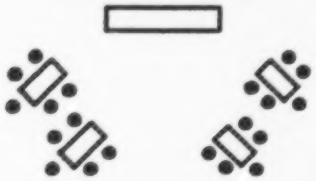
Chairs in a Circle



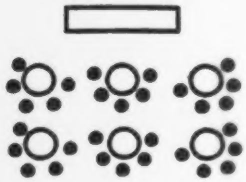
Theater Style Chairs



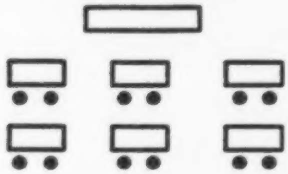
Herringbone Style



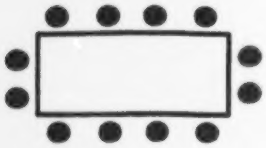
Banquet Style



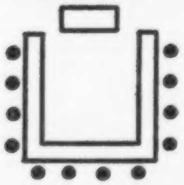
Classroom Style



Conference Style



U-Shape Style Table



Adapted from:

Knowles, M. (1980). The modern practice of adult education. In Pedagogy to Andragogy. Chicago: Association Press, Follett Publishing Company.

Robinson, R. (1979). An introduction to helping adults learn and change. Milwaukee:Omnibook Press.

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Technology Training Curriculum for African-Americans with Low Incidence Disabilities

Guidelines for the Curriculums

These training materials have been developed to meet the needs of African-American persons with disabilities and trainers. The modules can be arranged to create several curriculums such as those outlined below. It is strongly recommended that information on legislation, resources, etc., specific to your state, be added to the training modules where appropriate. Each suggested curriculum arrangement of the training modules is followed by training preparation guidelines. Depending upon your audience, you may add or subtract from the recommended modules. You may refer to page 20 for greater detail.

#1. TRAIN THE TRAINER CURRICULUM

When training trainers the following **modules** are recommended:

✔ Marketing Technology Training to African-Americans with Disabilities
✔ Cultural Awareness
✔ Benefits and Uses of Assistive Technology
✔ Legislation Affecting the Provision of Assistive Technology
    1. *The Technology-Related Assistance for Individuals with Disabilities Act of 1988* (P.L. 100-407)
    2. *Individuals with Disabilities Education Act of 1990* P.L. 101-476
    3. *The Rehabilitation Act of 1973*
    4. *Americans with Disabilities Act of 1990*

✔ Funding and Advocacy

#2. CONSUMER CURRICULUM

When training consumers, the following **modules** are recommended:

✔ Introduction
✔ Benefits and Uses of Assistive Technology
✔ Legislation Affecting the Provision of Assistive Technology (same as above)
✔ Funding and Advocacy

OPTIONAL: SERVICE PROVIDER CURRICULUM

If choosing to train service providers, the following **modules** are recommended:

✔ Cultural Awareness
✔ Benefits and Uses of Assistive Technology
✔ Legislation Affecting the Provision of Assistive Technology (same as above)
✔ Funding and Advocacy

Marketing Technology Training to African-Americans with Low Incidence Disabilities

(30 Minutes)

By the end of this module participants should:

- Be able to identify their target audience
- Be able to develop an appropriate marketing strategy
- Know where to find their target audience

Description

The purpose of this module is to give participants a foundation from which they can build their marketing skills and techniques.

Materials Needed

✓ Overhead Projector

✓ Overheads: *Marketing Tips #1-#5*

Procedural Outline

[This module is intended to teach you -the trainer- how to pull in consumers to a training program. The following modules will be presented to you in the manner that you should replicate them for consumers and service providers.]

[Display the overhead *Marketing Tip #1.*]

Identify the characteristics of the population you are trying to reach. For example, your description might be African-Americans of all ages with disabilities and their families, or Hispanics of all ages with disabilities and their families.

[Display the overhead *Marketing Tip* #2.]

Next make a list of all the agencies and businesses that serve persons with any of these characteristics. This list should start with organizations where you have already established contacts. Other agencies can be found in the *Yellow Pages* of your phone book. Your list might include: state rehabilitation services; Independent Living Centers; state departments for the blind; African-American and Hispanic social clubs; businesses in predominantly African-American and Hispanic areas, such as minority run grocery stores, clothing stores, beauty salons, and barber shops, minority newspapers, minority run radio stations and television; churches with predominantly African-American and Hispanic congregations; African-American fraternities and sororities; school vocational education department; school special education department; Department for the Aging; community recreation centers; food stamps office; public housing; public welfare; community and migrant health clinics; the United Way; and, the State Protection and Advocacy office.

Make a list of where community members gather. This list may include: recreation centers, movie theaters, shopping malls, restaurants, parks, laundromats, concert halls, corner hangouts, boys and girls clubs, and playgrounds.

List the community leaders such as: business owners, clergy, advocates, sports figures, coaches, teachers, school counselors, principles, and community group leaders.

[Display the overhead *Marketing Tip #3.*]

Which of these agencies and businesses do you have a working relationship with? It might be good to start your outreach and marketing efforts with these. Remember, however, that reaching prospective participants will be most effective through community-based organizations because they are already familiar with the target population.

Identify a contact person in each organization with whom you can work. Find out what types of materials you must provide them with in order for them to understand your goals and to assist in marketing your program.

[Display the overhead *Marketing Tip #4.*]

What type of materials will help to reach potential participants: Posters, pamphlets or handouts? Keep in mind that the information should be in the primary language of the target group. Use pictures, cartoons and drawings to reach those with limited reading ability.

[Display the overhead *Marketing Tip #5.*]

Work with the community-based organizations, institutions, agencies, businesses, and others on your list to publicize your training program. Take every opportunity to get the word around your community. Ads in the community newspapers, flyers, signs, and posters are effective ways of spreading your news. Other approaches, such as public service announcements are a good way to reach many persons at one time. Advertise through the radio-reading service for the blind to reach persons with visual impairments.

Include marketing materials in your mailing, e.g. flyers, as well as a cover letter describing who you are and what you are doing. Ask them to post your flyer, put your announcements in their newsletter etc., to help you get the word out. Give your name and number in case they have any questions.

Marketing Tip #1

☞ **Identify the Characteristics of the Population**

Overhead: ***Tip #1***

Marketing Tip #2

☞ **Find the Population**

Overhead: *Tip #2*

Marketing Tip #3

☞ **Make Community Contacts**

Overhead: *Tip #3*

Marketing Tip #4

☞ **Develop Your Marketing Materials**

Overhead: ***Tip #4***

Marketing Tip #5

☞ **Get the Word Out**

Overhead: ***Tip #5***

Cultural Awareness - Trainers

(3.5 hours)

By the end of this section, participants will:

- ⊕ Know the rate of disability among African-Americans
- ⊕ Be aware of his/her own cultural heritage
- ⊕ Be aware of stereotypes and preconceptions about various cultural groups
- ⊕ Know of barriers to cross-cultural communication
- ⊕ Know of how to break down communication barriers
- ⊕ Know of some reasons for cross-cultural misinterpretation

Description

This module provides information to increase awareness, and knowledge of multicultural interactions.

Materials Needed

- ✓ Agenda
- ✓ Evaluation Forms
- ✓ Handouts/Exercises (masters included at the end of this section):
  - *My Cultural Heritage*
  - *Steward's Five Components of Culture*
  - *"Recognizing the Caribbean Family..."*
  - *Facilitating Communication Among Members of Diverse Groups*
  - *Where Do I Fit In?/Where Do They Fit In?*
- ✓ Flip Chart, Overhead Projector
- ✓ Articles on culture, ethnicity, race & disability (check suggested readings list included in the back of this section)
- ✓ Overheads:
  - *Population Growth*
  - *Functional Limitation*
  - *Work Disability*
  - *Culture*
  - *Racial Group*
  - *Multicultural Communication Barriers*
  - *Dependence on Stereotypes*
  - *Cross-Cultural Communication Continuum*
  - *Cultural Relativity*
  - *Ethnocentrism*
  - *Every Group and Individual*
  - *Outcomes of Effective Communication*

Procedural Outline

#1. Introduce yourself

#2. Make sure everyone has filled out the pre-training evaluation form (found in the appendix)

#3. Review agenda with participants

Introduction: In this section of our program we will explore cultural diversity and disability. By doing so, we will be better equipped to serve the assistive technology needs of persons from minority heritages through the information we share. Today's program will focus on awareness of self, and knowledge of effective cross-cultural communication techniques.

Icebreaker Procedure: Approximate time required = 20 minutes

Ask participants to take out the questionnaire called *My Cultural Heritage* from their packets. Request that they take no more than ten minutes to fill it out.

1. When complete, ask participants to introduce themselves to the group, stating their name, where they work, what city they work in, who they provide services to, and to share two answers on their *My Cultural Heritage* form.

[Display the overhead *Population Growth*.]

Why should service providers for persons with disabilities be concerned with ethnicity & culture? According to the 1990 census, while the rate of increase for white Americans is about 6%, the rate of increase for racial and ethnic minorities is much higher: 53% for Hispanics, 13.2% for African-Americans, and 107.8% for Asians or Pacific Islanders. By the year 2000, our country will have 260 million people, one of every three of whom will either be African-American, Hispanic, or Asian American.

[Display the overheads *Functional Limitation* and *Work Disability*.]

In addition, minorities tend to have disabling conditions at a disproportionately high rate. African-Americans, for example, are one and a half times more likely to have a disability than white persons and two times more likely to be severely disabled.

Working with individuals with disabilities who also are culturally, ethnically, or racially different from yourself may heighten challenge of providing appropriate services. During the program today, try to apply the cultural awareness information to your real life experiences of providing assistive technology services to persons with disabilities.

[Display the Overhead *Culture.*]

Culture has been defined as "all behavior patterns socially acquired and socially transmitted by means of symbols," including customs, techniques, beliefs and material objects. The primary mode of transmission of culture is through language, which enables persons to learn, experience and share their traditions and customs.

The common definition of a Cultural Group is: People with common origins, customs, and styles of living. The group has a sense of identity and a shared language. Their shared history and experiences shape the group's values, goals, expectations, beliefs, perceptions, and behaviors from birth until death.

[Display the overhead *Racial Group.*]

Racial groups, however, do not necessarily qualify as cultural groups. A Racial Group is one whose members are readily identified by distinctive physical characteristics such as skin color, hair type, body structure, and shape of features. Although members of a racial group might share a common cultural history, they might have very different cultural experiences, as in the case of whites of Hispanic origin and whites of Anglo-Saxon origin.

Other elements can effect ones cultural identity, such ash as age, sex, and place of residence; status variables such as social, educational, and economic levels; and affiliation variables that may be formal memberships or informal affiliations.

We often do not think of ourselves on cultural terms, however we do have differences whether we are aware of them or not. The culture in which you are raised greatly influences your attitudes, beliefs, values, and behaviors. Culture is largely responsible for the different ways we see and understand situations, contributes to the fact that we have different priorities when making decisions, and different ways in which we relate to our families, just to name a few. In order to provide effective assistive technology services to individuals from cultures and races different from your own, two things must occur:

1. An awareness of your own cultural values and beliefs and a recognition of how they influence your attitudes and behaviors.

2. An understanding of the cultural values and beliefs of those persons with disabilities that you provide services to and how they influence their attitudes and behaviors.

Activity Procedure: Approximate time required 30 minutes

Have participants break into groups of two . These two persons should be, on the surface, different from each other in some way, eg. black/white, male/ female. Give groups seven minutes to interview each other with the following type questions: What is your name? Tell me about yourself. Do you relate to a particular culture/ethnic group? Have you had any positive or negative experiences related to your relation to this cultural/ethnic/racial group?

After fifteen minutes, ask groups to share the information that they received from each other to the larger group, sharing anything surprising or interesting that came out of the interview.

This exercise is meant to point out the fact that although a person might look like he or she has nothing in common with you he or she may have had very similar experiences, especially if both of you are part of a cultural/ethnic/racial group.

Communication Barriers:

There are many things which can either facilitate or hinder communication between people. When communicating cross-culturally, we sometimes may not be confident of how to respond or act. There are several obvious barriers to accurate communication across cultures

[Display the overhead *Multicultural Communication Barriers*.]

[Read aloud: Language, Non-verbal Communication, Preconceptions and Stereotypes, Evaluation, Stress

First, there is the obvious barrier of language differences. Knowing a little of a foreign language or the slang of a subculture may be helpful, but only if we are aware of the implicit meanings behind the sound symbols.

Some ways to decrease the language barrier are:

1. Learn the language

2. Find someone who can speak the language

3. Ask for clarification if you are not sure what was said

Second, nonverbal communications such as gestures, posture, and tone of voice often change what we say. Sometimes we use non-verbal signals that come very naturally to us but deliver a definite feeling or attitude to others that is different than what we intend.

Examples of some non-verbal behaviors that can be interpreted differently across cultures:

- eye contact
- physical proximity

Some ways to decrease the nonverbal communication barrier are:

1. Do not assume you understand any nonverbal communication unless you are familiar with the culture & recognize that there may be different interpretations of the non-verbal behavior of persons with disabilities.

2. If the nonverbal communication is insulting in your culture, do not take it personally.

3. Develop an awareness of your own nonverbal communication that may be insulting to other cultures.

[Ask that someone please share with the group some non-verbal behaviors that are encouraging and positive in most cultures.]

[Display the overhead *Dependence on Stereotypes*.]

The third barrier - preconceptions and stereotypes - consists of overgeneralized beliefs that provide us with structure when we are in any ambiguous contact. We see or hear what we want to or expect to and by doing so, screen out many contradictory impressions. The stereotype has a tendency to become realized through a "self-fulfilling prophesy" of the communicator.

Some ways to decrease the preconceptions and stereotypes barrier are:

1. Make every effort to increase awareness of your own preconceptions and stereotypes of cultures you encounter.

2. With this awareness, reinterpret the behavior of people from another culture from their cultural perspective.

3. Be willing to test, adapt, and change your perceptions to fit your new experiences.

A fourth barrier is the tendency to evaluate by a judgement of approval or disapproval of the content of communication received from others. Premature evaluation interferes with our acceptance and understanding of other persons from their point of view.

Ways to decrease the evaluation barrier are:

1. Maintain objectivity.

2. Do not judge the experiences or behaviors of someone from another culture by your own cultural or moral values.

3. Try to learn about the person and their cultural values.

[Display the overhead *Cross-Cultural Communication Continuum*.]

We can look at ethnocentrism and cultural relativity as phenomena at opposite ends of the cross-cultural communication continuum. Ethnocentrism being negative, and cultural sensitivity being positive.

[Display the overhead *Cultural Relativity*.]

Cultural Relativity is the idea that any behavior must be judged first in relation to the context of the culture in which it occurs. Thus, you must first relate to an individuals interpretations of experiences from his/her own background and cultural belief system before you can effectively communicate. For example, we may expect participants to arrive for appointments alone because we stress independence in our country. However, persons from other cultures or minority groups may bring children and/or family members with them and expect them to be welcome and sometimes included in the services provided. If we were to judge this individual with a disability on our cultural norms, we may read much more into the situation than really exists. (i.e., Thinking that an individual is too dependent on family members. If we look at it from that individual's cultural viewpoint, we would see it as normal and expected.) Cultural relativism helps service providers to better understand an individual's responses and behavior.

[Display the overhead *Ethnocentrism.*]

Ethnocentrism is the tendency to view one's own culture as the center of the universe, the standard in which all others are to be judged. It assumes that one's own cultural patterns are the correct and best way to act. This lack of understanding has led to racism and discrimination which are conveyed both subtly and overtly. Ethnocentrism breaks down communication between service providers and individuals with disabilities.

By learning about the social and family patterns that dominate in other cultures/groups, we are able to gain an understanding of behavior that is unexpected in our culture, and begin to see it as a natural occurrence rather than a barrier to communication.

The fifth barrier is the typically high level of anxiety that goes along with multicultural contact, where both persons are dealing with an unfamiliar experience. The best way to reduce the stress barrier is to reduce the other barriers previously described.

Activity Procedure: Approximate Time Required = 30 minutes

1. Ask participants to break up into groups under the headings of various cultural, ethnic, and racial groups making sure some include disability. A few examples:

African-American Men or Women
Asian Men or Women
African-American Women, Men or Children with Disabilities
White Men, Women
White Men, Women, or Children with Disabilities
Hispanic Men, Women, etc.

Everyone should try to join a group that they don't belong to in real life.

2. After groups have formed, ask them to pretend that they are a member of this group and to itemize the prejudices they hear about themselves from other people.

3. Have each group read their list to the other groups. Have the person reading the list start each prejudice with "Never say......" A few examples of participants responses are: "Never say all black men can't keep a job. Never say all white men are power hungry. Never say men with disabilities are not married."

[Discussion should be encouraged throughout the reading of the lists. The exercise rounds out how similar stereotypes are between cultural/racial/ethnic groups.}

[Display the quote *"Every group & individual wants respect above all else."*]

Cultural Misinterpretations

One of the best ways to help ourselves understand where a person with a disability is coming from, is to know where they are coming from in a very literal sense. With knowledge about their family and work ethic, and even religion, you will be better prepared to understand the people you work with and provide them with better assistive technology services.

Some of the more common differences among cultures that research has shown are:

1. Role of the Family

The family is viewed very differently across cultures. In the United States the stereotypical families stress independence upon their children. Teaching them from a very young age to do for themselves and preparing them for the age of 18 when they will be expected to leave home for college or work. The American family also tends to have a nuclear family style with only the immediate family involved in daily activities, decisions, and support.

For many other cultures, the family is the primary social and support system. In these cultures, dependence upon other family members is encouraged and members are not expected to leave the home at any particular time. Children are frequently taken everywhere the parents go. Many other cultures have a much more extended family style where aunts, uncles, grandmothers, grandfathers, cousins, and even friends can play very important roles in daily activities.

Lack of understanding may cause a service provider to perceive the person with a disability as unable to achieve independence because of his/her disability. In reality - the person is responding to the cultural norms of his family.

[Ask participants if someone will offer an example of a situation that relates to this.]

One problem service providers may have in working with minority persons with disabilities is their belief that their interactions are not successful unless the person with a disability verbalize their feelings fluently.

[Ask participants if they have had this experience.]

Verbalization of feelings is not considered necessary for many persons of other cultures and even considered insulting to others. Some persons of other cultures may get quite a lot out of your interaction without using a lot of discussion.

[Share article on *Recognizing the Caribbean Family in the Human Service Delivery System* (parts that are underlined). Located at the end of this section.]

As you can see, the cross-cultural issue of verbalization and of family role and religion can be very important in a persons feelings about seeking or receiving services. By understanding this, we may be able to prevent misunderstandings and be able to provide assistive technology services that are very needed.

EXERCISE PROCEDURE:

Instruct participants to take five minutes to fill out the *Public/Private Checklist*. Read Instructions from top of sheet. After five minutes,ask participants to report their total of Private items only, and write the reported numbers on the flip chart. (Most persons will report an average number of privates, but some will be very high or very low).

This exercise helps participants to understand that there are varying levels of privacy among persons and the level of privacy required should be respected when working with others.

Other areas of potential cross-cultural misinterpretation are:

3. Male - Female Relationships - Some males may believe that coming to a female for services is insulting, especially if their culture is very male oriented. This may result in the female service provider not being taken seriously.

4. Beliefs about disability - Individuals of some cultures may believe that disability is caused by a curse on the family which should be hidden and kept within the family. They may believe it is given to a person by God and needs to be lived with.

5. Beliefs about quality of life - Some individuals may believe that they are meant to have only certain things in life and that it is wrong to want more than what fate has provided them.

6. Locus of control - Some individuals may have external locus. Luck, or forces beyond their control determine life situations. This may cause service providers to view a person with a disability as unmotivated or high risk.

7. Cost of Change - Some individuals may view change as cause of fear, disappointment, or abandonment. Asking or recommending a change in procedure or lifestyle through the use of assistive technology may give rise to these feelings.
As we learn about traits that are characteristic of a cultural group that we work with, we must still remember to treat every person with a disability as an individual.

Finally, the issues we have covered today will vary according to the degree to which an individual behaves, feels, and believes like others from his or her cultural group. There are different levels of how much a person from a different culture will be similar to you.

[Display the overhead *Outcomes of Effective Communication*.]

Discuss

[Pass out the handout: *Facilitating Communication Among Members of Diverse Groups* located at the end of this section.]

Discuss

Inform participants that there is an intensive exercise in their materials entitled *"Where Do I Fit In?/Where Do They Fit In?"* that should be completed privately in their own time. The exercise is intended to clarify feelings regarding a number of groups of people and to help point out any group that one might have difficulty providing services to.

Masters for Handouts

My Cultural Heritage

1) What is my cultural heritage? What was the culture of my parents any my grandparents? With what cultural group(s) do I identify?

2) What is the cultural relevance of my name?

3) What values, beliefs, opinions, and attitudes do I hold that are consistent wit the dominant culture? Which are inconsistent? How did I learn these?

4) How did I choose my profession? What cultural standards were involved in the process? What do I understand to be the relationship between culture and education?

5) What unique abilities, aspirations, expectations, and limitations do I have that might influence my relations with culturally diverse individuals?

Locke, Don C., (1992). Increasing Multicultural Understanding: A Comprehensive Model. Newbury Park: Sage.

Five Components of Culture

(1) ***Activity:*** How do people approach activity? How important are goals in life? Who makes important life decisions? How do you approach problem solving?

(2) ***Definition of Social Relations:*** How are roles defined? How do persons from different statuses relate? How are sex roles defined? What is the meaning of friendship?

(3) ***Motivation:*** What is the achievement orientation of the culture? Is cooperation or competition emphasized?

(4) ***Perception of the World:*** What is the predominant worldview? What is the predominant view on human nature? What is the importance of time? How is property viewed?

(5) ***Perception of the self and the individual***: How are self and identity defined? What kind of person is valued and respected?

Steward, E.C. (1972) American Cultural Patterns. La Grange Park, IL: Intercultural Network

REHABILITATION RESEARCH

Recognizing the Caribbean Family in the Human Service Delivery System

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Value systems, culture, beliefs, and customs of the Caribbean people need to be closely studied by human service professionals, if services are to be properly implemented to this population.

Responding to a statement made by a speaker at a recent Technical Assistance Parent Project (TAPP) conference in Arlington, VA., I observed that for bureaucractic reasons, the term African-American is often used to refer to all Black people in the United States. Because of this blanket term, service to Black communities are primarily designed to meet the needs of that specific identified group.

Being from the Caribbean, and having gone through the service delivery system seeking services for my son who was born with cerebral palsy, there were times when I was misunderstood because of my culture and misinterpreted because of my accent. I was exposed to professionals of diverse cultural backgrounds, but my best relationship was with those of my own or similar cultural background.

I am not suggesting that service professionals be placed only with families of their own race or culture, rather, I am advocating that all human service professionals should be culturally competent to deal with the populations they serve, respecting their values, beliefs, ethnic standards, ways of living, linguistic expression, pattern of thinking, and behavioral norms. All of these are the sum total of a people's culture.

According to a recent census report, the United States in the past decade has experienced a profound change in the racial and ethnic make-up of the population. To my belief, a considerable part of the American population today are people from the Caribbean, and yet so little is known about this group of people. The Caribbean family now residing in the United States, and who for whatever reason receive services for a young child with a disability or illness, is for the most part resentful. Resentment is not directed at the service professional but at a system that seems to invade one's privacy with questioning to which the Caribbean family is not accustomed. The Caribbean family is proud, private, and independent.

For the Caribbean people, an illness or disability stays within the family, not to be discussed with strangers. From birth, the Caribbean family is taught that one should be content with whatever one has, rather than to go begging.

Given this brief background on the Caribbean family, it should not be difficult to imagine the agony parents go through when dealing with an insensitive system. Long term care and the vast financial burden that comes with a child with a disability places the Caribbean parent at the mercy of a system that puts the family under a microscope. It seems as though service providers "look into the size of shoes other members of the family wear," before assistance is rendered to those in need of services.

Rather than face such humiliation, the Caribbean parent may turn to other methods of coping and healing such as, home remedies, prayer, or grandma's potion. These self-help methods may set the stage for conflict betweeen parents and the professional who does not understand the cultural and religious background of the family, and may see these actions as abuse. Bear in mind that church and religion is highly respected by the Caribbean family. Prayer is a source of strength. God is the giver of all things. The religious leader is respected as God's messenger. Grandma's value system, and methods of coping and teaching live in the family from generation to generation.

The question is asked, what do these things have to do with service delivery to the Caribbean people? The answer--everything. The human service professional who is not aware of the Caribbean people's culture, coping methods, and value system, but attempts to deliver services to the family, based on evaluation and assessment, is likely to meet with resentment that may in turn develop into conflict.

It is not uncommon for the Caribbean family in the midst of a grieving period to call friends and neighbors to a house party. The outsider who does not understand this as a coping strategy may interpret this as carefree living, but for the family it is a way of recharging in order to cope with the problems ahead. A documented account of the Caribbean family's lifestyle and coping methods dating back to to the days of slavery may be found in Rev. Roy W. Ashmeade's African American--West Indian: Friend or Foe? (1991).

The human service delivery system is gradually shifting from child-centered to family-centered care, but for this shift to be realized, parents and professionals need to become equal partners in this demographically changing society. To be equal partners each group needs to understand the other, respecting individual differences, while developing a collaborative system of approach for the achievement of set goals.

From: Bridges, Howard University Research and Training Center Vol. 4, #2, Fall 1992, Washington, DC.

Facilitating Communication Among Members of Diverse Groups

1. Promote a feeling of acceptance.

2. To the extent possible, establish open communication.

3. Present yourself with confidence, shake hands if appropriate.

4. Strive to gain the others trust, but not resent it if you do not get it.

5. Understand what members of the cultural/subcultural group consider as "caring," both in attitude and behavior.

6. Understand the relationship between the other and authority.

7. Understand the others desire to please and/or his or her motivation to comply or not to comply.

8. Anticipate diversity.

9. Avoid stereotypes by sex, age, ethnicity, socioeconomic status, disability.

10. Avoid assumptions about where people come from, let them tell you instead.

11. Try to understand the others goals and expectations.

12. Show respect for males, even if your primary client is female (males are often decision makers about follow-up).

13. Be prepared for the fact that some clients bring their children everywhere, which can be a cultural phenomena or an economic necessity.

14. Know the folk illnesses and remedies common to the group with whom you are working, do not discredit them unless you know they are unsafe.

15. Try to create a comfortable setting for clients, considering, colors, music, seating arrangements, and scheduling of appointments.

16. Whenever possible, include leaders of local groups in outreach efforts.

17. Respect the values, beliefs, rights, and practices, although some may conflict with your own.

18. Learn to appreciate the richness of diversity as an asset rather than a hinderance to communication.

Where Do I Fit In/Where Do They Fit In?

This exercise involves beliefs and attitudes that may be different from, or the same as, those held by the client or client's family.

Exploring Specific Cultural Attitudes

	Agree	Disagree
I would like to travel to different countries.	☐	☐
I accept opinions different from my own.	☐	☐
I respond with compassion to poverty-stricken people.	☐	☐
I think interracial marriage is a good thing.	☐	☐
I would feel uncomfortable in a group in which I am an ethnic minority.	☐	☐
I consider failure a bad thing.	☐	☐
I invite people from different ethnic groups to my home.	☐	☐
I believe that the Ku Klux Klan has its good points.	☐	☐
I am concerned about the treatment of minorities in employment and health care.	☐	☐
I tell (or laugh at) ethnic jokes.	☐	☐
The U.S. should tighten up its immigration policy.	☐	☐
People who speak a different language and who act different interest me.	☐	☐
The refugees should be forced to return home.	☐	☐
I feel uncomfortable in low-income neighborhoods.	☐	☐
I prefer to conform rather than disagree in public.	☐	☐
I spend a lot of time worrying about social injustices without doing much about them.	☐	☐
I believe that almost anyone who really wants to can get a good job.	☐	☐
I have a close friend of another race/ethnic group.	☐	☐
I would enjoy working with participants from a different racial/ethnic group.	☐	☐

Can you see any pattern in your responses to the above questions? Did any of your answers surprise you? If so, why? Why not?

How Do You Relate to Various Groups of People in the Society?

The following is a two-step exercise designed to help you to determine how you may relate to different types of individuals in our society. This exercise was adapted from the work of Louis Thayer by Axelson (1985).

Instructions:

Below is a list of individuals and five columns representing your possible levels of response to these individuals. Read down the first column and place a check mark by those you WOULD NOT BE ABLE TO GREET or WOULD HESITATE TO GREET using the definitions of the levels of response that follow.

Do the same process for the remaining four columns, placing a check mark by those individuals that you feel you CAN'T ACCEPT.

Continue the same process for the remaining four columns, placing a check mark by those individuals that you feel you would NOT HELP, do not have the BACKGROUND KNOWLEDGE TO ASSIST, or DO NOT FEEL YOU COULD ADVOCATE FOR. Try to respond honestly, not as you think might be socially or professionally desirable. Your answers are only for your personal use in clarifying your initial reactions to different people.

Defined below are various levels of response you might have toward a person.

Levels of Response:

1. ***Can't Greet:*** I feel I can not greet this person warmly and welcome him or her sincerely.
2. ***Can't Accept:*** I feel I can not honestly accept this person as he or she is and be comfortable enough to listen to his or her problems.
3. ***Wouldn't Help:*** I feel I could not genuinely try to help this person with his or her problems as they might relate to or arise from the label-stereotype given to him or her.
4. ***No Background:*** I feel I don't have the background of knowledge and/or experience to be able to help this person.
5. ***Couldn't Advocate For:*** I feel I could not honestly be an advocate for this person.

Level of Response

Individual	1 Can't Greet	2 Can't Accept	3 Wouldn't Help	4 No Background	5 Couldn't Advocate For
1.Haitian	☐	☐	☐	☐	☐
2. Child Abuser	☐	☐	☐	☐	☐
3. Jewish person	☐	☐	☐	☐	☐
4. Person with Hemophilia	☐	☐	☐	☐	☐
5 Neo-Nazi	☐	☐	☐	☐	☐
6. Mexican American	☐	☐	☐	☐	☐
7. IV drug user	☐	☐	☐	☐	☐
8. Catholic	☐	☐	☐	☐	☐
9. Senile, elderly person	☐	☐	☐	☐	☐
10. Teamster Union member	☐	☐	☐	☐	☐
11. Native American	☐	☐	☐	☐	☐
12. Prostitute	☐	☐	☐	☐	☐
13. Jehovah's Witness	☐	☐	☐	☐	☐
14. Person with cerebral palsy	☐	☐	☐	☐	☐
15. Equal Rights Ammendment opponent	☐	☐	☐	☐	☐
16. Puerto Rican American	☐	☐	☐	☐	☐
17. Gay/Lesbian	☐	☐	☐	☐	☐
18. Atheist	☐	☐	☐	☐	☐
19. Person with AIDS	☐	☐	☐	☐	☐
20. Communist	☐	☐	☐	☐	☐
21. African-American	☐	☐	☐	☐	☐
22. Unmarried, expectant teenager	☐	☐	☐	☐	☐
23. Protestant	☐	☐	☐	☐	☐
24. Person who is blind	☐	☐	☐	☐	☐
25. Ku Klux Klansman	☐	☐	☐	☐	☐
26. White Anglo-Saxon	☐	☐	☐	☐	☐
27. Alcoholic	☐	☐	☐	☐	☐
28. Amish person	☐	☐	☐	☐	☐
29. Person with cancer	☐	☐	☐	☐	☐
30. Homeless Person	☐	☐	☐	☐	☐

Scoring Guide: The previous activity may help you anticipate difficulty in working with some clients at various levels. The thirty types of individuals can be grouped into five categories: ethnic/racial, social issues/problems, religious, physically/mentally handicapped, and political. Transfer your check marks to the following form. If you have a concentration of checks within a specific category of individuals or at specific levels, this may indicate a conflict that could hinder you from performing effectively and professionally.

Level of Response

Individual	**1 Can't Greet**	**2 Can't Accept**	**3 Wouldn't Help**	**4 No Background**	**5 Couldn't Advocate For**
Ethnic/Racial					
1. Haitian	☐	☐	☐	☐	☐
6. Mexican American	☐	☐	☐	☐	☐
11. Native American	☐	☐	☐	☐	☐
16. Puerto Rican American	☐	☐	☐	☐	☐
21. African-American	☐	☐	☐	☐	☐
26. White Anglo-Saxon	☐	☐	☐	☐	☐
Social Issues/Problems					
2. Child Abuser	☐	☐	☐	☐	☐
7. IV drug user	☐	☐	☐	☐	☐
12. Prostitute	☐	☐	☐	☐	☐
17. Gay/Lesbian	☐	☐	☐	☐	☐
22. Unmarried, expectant teenager	☐	☐	☐	☐	☐
27. Alcoholic	☐	☐	☐	☐	☐
Religious					
3. Jew	☐	☐	☐	☐	☐
8. Catholic	☐	☐	☐	☐	☐
13. Jehovah's Witness	☐	☐	☐	☐	☐
18. Atheist	☐	☐	☐	☐	☐
23. Protestant	☐	☐	☐	☐	☐
28. Amish person	☐	☐	☐	☐	☐

Physically/Mentally Disabled					
4. Person with Hemophilia	☐	☐	☐	☐	☐
9. Senile, elderly person	☐	☐	☐	☐	☐

Level of Response

Individual	1 **Can't Greet**	2 **Can't Accept**	3 **Wouldn't Help**	4 **No Background**	5 **Couldn't Advocate For**
14. Person with Cerebral Palsy	☐	☐	☐	☐	☐
19. Person with AIDS	☐	☐	☐	☐	☐
24. Person who is blind	☐	☐	☐	☐	☐
29. Person with cancer	☐	☐	☐	☐	☐
Political					
5. Neo-Nazi	☐	☐	☐	☐	☐
10. Teamster Union member	☐	☐	☐	☐	☐
15. E.R.A. opponent	☐	☐	☐	☐	☐
20. Communist	☐	☐	☐	☐	☐
25. Ku Klux Klansman	☐	☐	☐	☐	☐
30. Homeless Person	☐	☐	☐	☐	☐

Population Growth

White Americans = 6%

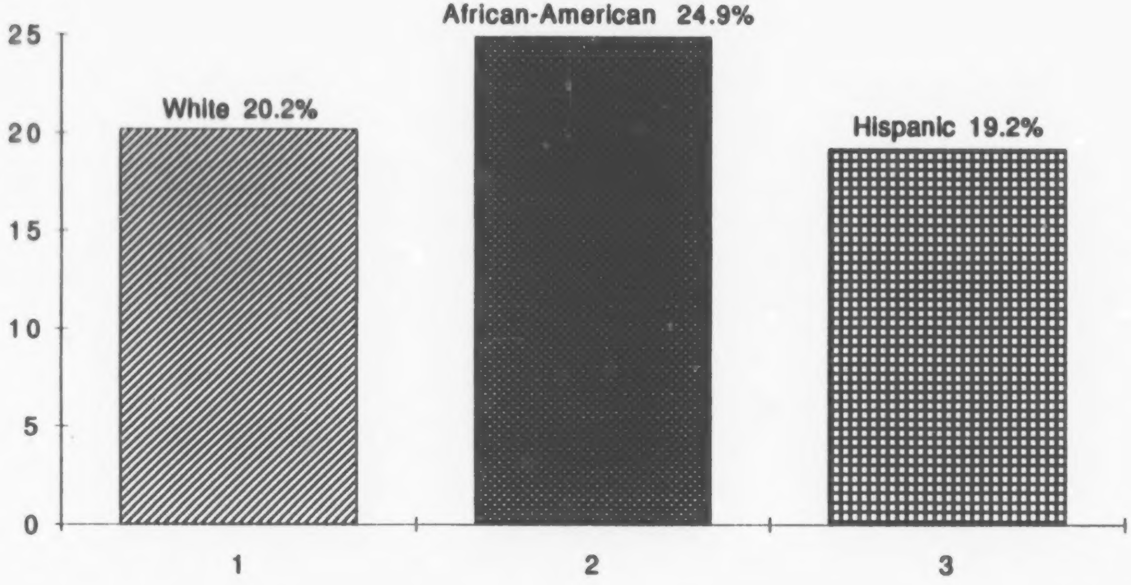
Hispanics = 53%

African-Americans = 13.2%

Asian or Pacific Islander = 107.8%

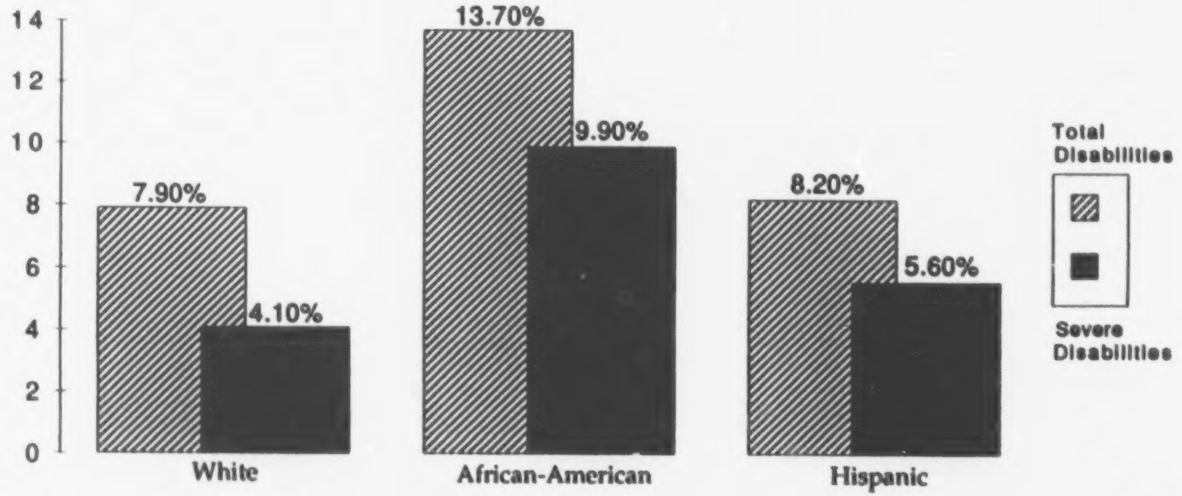
Overhead: ***Population Growth***

Functional Limitations of Persons 15 Years and Over (1984)



Overhead: ***Functional Limitation***

Percent of Persons 16-64 Year Old with a Work Disability



Overhead: ***Work Disability***

Culture

- ✔ Behavior patterns socially acquired and transmitted by symbols

- ✔ Primary mode of transmission is language

Racial Group

Identified by Physical Characteristics

- ✗ Skin Color
- ✗ Features
- ✗ Hair

Multicultural Communication Barriers

Language

Non-Verbal Communication

Preconceptions and Stereotypes

Evaluation

Stress

Overhead: *Multicultural Communication Barriers*

"**Dependence** on stereotypes reinforces resistance to genuine interest and involvement. For instance, stereotypic associations with danger, violence, poor neighborhoods, limited ability, irresponsibility or non-compliance, tend to discourage positive approaches and communicative efforts."

Cross-Cultural Communication Continuum

Ethnocentricity —— Cultural Relativity

Overhead: ***Cross Cultural Communication Continuum***

Cultural Relativity

- The idea that any behavior must be judged first in relation to the context of the culture in which it occurs.

- You must first relate to an individuals interpretations of experiences from his/her own background and cultural belief system before you can effectively communicate.

- If we were to judge an individual with a disability on our cultural norms, we might read more into a situation than really exists.

- Cultural Relativism helps service providers to better understand an individual's responses and behavior.

Ethnocentrism

- The tendency to view one's own culture as the center of the universe, the standard in which all others are to be judged.
- It assumes that one's own cultural patterns are the correct and best way to act.
- This lack of understanding has led to racism and discrimination which are conveyed both subtly and overtly.
- Ethnocentrism breaks down communication between service providers and individuals with disabilities.

"Every group and individual wants respect above all else."

Unknown

Overhead: ***Every Group...***

Outcomes of Effective Communication

◆ Empowerment through awareness of one's own values

◆ Awareness of other's perspectives

◆ The ability to make effective choices

◆ Facilitates coping with change

◆ Brings an appreciation of alternatives

◆ Fosters recognition of bias resulting from culture bound, time bound or class bound views

◆ Mutual communication promotes the ability to help persons find and accept appropriate services.

Introduction

(30 Minutes)

Learning Objectives

- To become acquainted with one another and with the trainer
- To receive information about session's administrative details
- To understand RESNA
- To understand the program objectives

Description

The purpose of this unit is to welcome participants and create a comfortable environment. Because it is the first session, it is important to orient the participants to the overall flow of the program in terms of schedule, content and method.

Materials Needed

✓ Evaluation Forms

✓ Overhead Projector

✓ Overhead/Handout Information:
  Plan of the Day
  Assistive Technology Is:
  Assistive Technology Service
  What is RESNA ?

✓ Video: *Independence Through Technology*

✓ Video Player and Monitor

✓ Optional, Recommended Materials: A.T. Devices, high to low tech and for various disabilities

Procedural Outline

Open session by introducing yourself as the trainer. Share details such as where the restrooms, phones, and refreshments are located. You should describe the type of refreshments for those participants with visual impairments. Let the group know provided, however, explain that if anyone in the group would like to get a refreshment or be excused, they should feel free to do so as necessary.

Let the group know a little about you in regard to what brought you here to conduct the program. Do not give a list of your degrees or honors, but let them know what areas of study and what experience you have that makes you a good person to be presenting the materials.

[Display the overhead *Plan of the Day.*]

The purpose of the program today is to share information with you about assistive technology. First, we want to increase your awareness of very important laws written to benefit persons with disabilities and their families. These laws are important because they give you the right to ask for and receive assistive technology and assistive technology services. We are also going to learn about many different types of assistive technology and how it can be used by persons with different disabilities to improve the quality of their lives. Then we are going to share with you possible ways you can get assistive technology paid for. After that you will learn about places you can visit or call, in your own area, that can help you find out what kind of technology you may need and where to get it. And finally, we are going to give each of you a chance to see and try out some assistive technologies that we have available today.

[Display the overhead *Assistive Technology is:*]

Since assistive technology is the main reason we are here today, lets make sure we all understand what it is. Assistive technology sounds like a very technical term and it sounds very complicated and expensive to many people. Assistive technology is really not as intimidating as it sounds. Assistive technology is any product that makes it easier for persons with disabilities to work, play and communicate. It can be products you buy at the store or custom made products. It does not have to be high technology, like computers, and it does not have to be expensive, but it is always an item or service that solves a problem.

Icebreaker: Ask participants to name the things they do for the first two hours of the average day, for example, wake up, get out of bed etc. Write these on a flip chart. After you have a complete list, provide (and ask participants to provide) technology that can help persons with various disabilities to accomplish these tasks.

[Display the overhead *Assistive Technology Service.*] Discuss.

[Optional: I have a short video that shows some good examples of what assistive technology is. Lets watch it before we continue. Play the Video *Independence Through Technology*. (13 Minutes)]

As you saw, assistive technology has many uses and can benefit persons in many ways. Are there any questions so far?

[Display the overhead *What is RESNA?*]

(You may also add information on your own group at this time.)

Before we move on to our sessions, I want to tell you who developed this program and what they do. The association which developed this program is called RESNA. RESNA is a large association that is interested in advancing assistive technology. Members of RESNA include many different persons: From those who use technology to those who create it. RESNA publishes many books and papers on assistive technology and conducts national and regional conferences to share information on assistive technology with its members and the general public.

Video Suggestion:

"Independence Through Technology" - shows how persons with disabilities can gain independence through the use of many different types of assistive technology demonstrated in the video. (Available through Seaside Education Associates, Inc. 1-800-886-8477.)

Plan of the Day

What Assistive Technology is

Laws Relating to Assistive Technology

Types of Assistive Technology

How to Pay for Assistive Technology

Where to Find the Right Assistive Technology

Try Some Assistive Technology

Overhead: *Plan of the Day*

Assistive Technology Is:

**Products That Make Life Easier
For Persons With Disabilities -**

- WORKING
- PLAYING
- COMMUNICATING
- LIVING INDEPENDENTLY

**Assistive Technology is
not always high tech!**

Overhead: ***Assistive Technology Is:***

Assistive Technology Service

- ✔ Help in finding the right device
- ✔ Help in buying or borrowing a device
- ✔ Showing consumers how the device is used
- ✔ Showing consumers how to take care of the device

Overhead: *Assistive Technology Service*

What is RESNA?

An Interdisciplinary Association for the Advancement of Rehabilitation and Assistive Technology

Its Members Include:

- Persons with Disabilities
- Service Providers
- Physical/Occupational/Speech Therapists
- Rehabilitation Engineers
- Manufacturers/Vendors
- Policy Makers
- Physicians
- and Others!

A Publisher of Articles, Newsletters, Books, and a Journal on Assistive Technology

Host of Regional and National Conferences

Overhead: ***What is RESNA?***

Benefits and Uses of Assistive Technology

(90 Minutes)

By the end of this section, participants will:

- Identify devices to assist with hearing, vision, communication, mobility, and daily living
- Identify devices for environmental control and computer access
- Identify devices for recreation and children's use

Description

This module is designed as a first time introduction to the many types of assistive technology used by persons with various disabilities. **Please note:** If planned well, this module will be the high point of the training program for consumers and service providers.

Materials Needed

- ✓ Video Player, Monitor
- ✓ Videos: *Growing Up Capable*
  The Sky's the Limit
- ✓ Various Aids for daily living (check list)
- ✓ Overhead Projector
- ✓ Overheads: *Assistive Technology*
  Benefits of Assistive Technology
- ✓ Slide Projector and Slides
  (The Illinois Assistive Technology Project, 1-800-852-5110, has a set of technology slides available for approximately $100. Use these materials only if assistive technology is not available for on-site demonstration.)

Procedural Outline

Presenter Information:

[Book your presenters as far in advance as possible. Offer them incentives for their efforts such as an appropriate honorarium and mileage reimbursement. Provide them with a confirmation letter restating dates, times and presentation guidelines, and an agenda.]

[Invite consumers to discuss the technology - sensory and mobility - they use at work/home.]

[Invite service providers from agencies for the blind and deaf/hard of hearing, to discuss the technology and services available through their agencies.]

[Invite the staff of the state assistive technology project to talk about what their project does, what they offer consumers, and their state in general.]

[Other possible presenters.]

[Persons that work with augmentative communication, adapted toys, and recreation programs for persons with disabilities.]

Assistive technology consists of many things. Most of us are aware of some of the ways assistive technology can be used to increase the capabilities and independence of persons with disabilities. Right now, we are going to see many types of technology, and hear about some uses of technology we may not have considered. Before we go on let's review the benefits and uses of assistive technology.

[Display the overhead *Assistive Technology* .]

[Display the overhead *Benefits of Assistive Technology*.]

[Discuss.]

[Introduce your presenters.]

Each presenter should have a minimum of 20 minutes to share information with the group. Presenters should follow these guidelines:

Consumer presenters should share: What their disability is; their reason for using the technology; what technology they use; how long it took to learn how to use it; who showed them how (if anyone); where did they get it; and, how it is maintained.

Professional presenters should share: Where they work; what types of technology they are providing/training/loaning to persons with disabilities; programs and services offered by their agency/organization; and, demonstrate any pieces of technology they were able to bring with them.

If there is time left after the presenters have finished and participants have had time to ask them questions, play a short video showing some of the uses of assistive technology that were not addressed by presenters. A list of videos can be found in the Resource Section, Appendix 5. Be sure to preview the videos for any new terms so that you will be ready to clarify them for participants. You may also begin the viewing with a terminology review.

Video Suggestions:

Growing Up Capable - demonstrates technology for children. (Available through AbleNet, Inc. 1-800-322-0956.)

The Sky's the Limit - demonstrates recreational opportunities of many kinds for various disabilities. (Available through the Utah Assistive Technology Program 1-800-333-Utah.)

ASSISTIVE TECHNOLOGY

- ✓ Adapted Toys & Games
- ✓ Adapted Computers
- ✓ Devices That Aid Communication
- ✓ Devices That Increase Improve Mobility
- ✓ Items That Create Accessible Environments

A.T. is for Every Age, Every Disability!

Overhead: ***Assistive Technology***

Benefits of Assistive Technology:

- Independence
- Productivity
- Increased Self-Esteem
- Inclusion & Integration into the Community

Equals Increased Quality of Life!

Overhead: ***Assistive Technology Can:***

The Technology-Related Assistance for Individuals with Disabilities Act of 1988 (P.L. 100-407)

(20 minutes)

By the end of this section, participants will:

- Define assistive technology
- Define assistive technology service and devices
- Understand the purpose of the "Tech Act"
- Know the activities under each Title of the "Tech Act"
- Know about their state "Tech Act" Project and what it offers

Description

This module explains the "Tech Act" and its purpose to consumers and their families. It covers the different titles of the act and what is covered under them, as well as describing their own states project and what it can offer in regard to acquiring needed assistive technology.

Materials Needed

✓ Overhead Projector

✓ Overheads/Handout Information:
Assistive Technology Includes:
Purposes of the "Tech Act"
Title II Projects
Your State Project

Procedural Outline

Many laws exist which give persons with disabilities rights and protections, and there have been several laws passed in the past ten years which affect the right of a person with a disability to get needed assistive technology. The first of these important laws that we will cover today is called *"The Technology-Related Assistance for Individuals with Disabilities Act of 1988,* also known simply as the "Tech Act".

In this session, we will review what we mean when we say: "assistive technology" and "assistive technology service"; the purposes of the "Tech Act"; what is in the two parts of the Act;

and finally, what your state "Tech Act" program is doing.

Like we said before, assistive technology is anything that makes life easier for a person with a disability. An assistive technology device is a tool for living, working, learning, or playing.

[Display the overhead *Assistive Technology Includes*.]

To reiterate what was said in the introduction, assistive technology service is any service that directly assists an individual with a disability in the selection, use, or acquisition of an assistive technology device. This includes evaluation, purchase, selection, training, etc.

[Display the overhead *Purposes of the "Tech Act"*.]

The main purpose of the Tech Act is to make sure that every person that can benefit from assistive technology has access to it. In order to accomplish this, the federal government provides money to the states to make consumer-responsive programs that help all persons with disabilities get access to assistive technology. Consumer-responsive means that programs are developed with the input of persons with disabilities. This is the first time that the term consumer-responsive has been used in a law.

There are two parts in this law called Titles. Title I supports programs in the states which make assistive technology devices and services more available to persons of all ages with disabilities. In doing their activities, each state must try to do many things, some of these are: To increase the awareness of need for assistive technology by persons with disabilities; increase the awareness of policies/rules that are making it hard for persons with disabilities to get assistive technology; increase the chances that everyone who needs technology will be able to find it, afford it, and take care of it. As you can see, the states are responsible for doing many different activities that will, in the long run, make it easier for anyone who can benefit from technology to get it.

Your state project,-------------(insert name), is involved in several ways.

[Persons from state projects should be identified in the audience and a reference made to their presentation/involvement later including any state or local laws that are relevant.]

[Display the overhead *Title II.*]

In contrast to Title I, which provides money to the states to make programs that listen to your needs, Title II of the "Tech Act" focuses on national programs. These programs look at the barriers which stop persons with disabilities from getting the assistive technology devices and services that they need. For example, many persons have difficulty paying for needed assistive technology devices. Title II of this act is supporting a study on how assistive technology devices and services are paid for, and what can be done to make it easier. Title II of the act also supports training and public awareness projects like the one we are doing today.

Are there any questions about Title I & II of the "Tech Act"?

[Display the overhead *Your State Project*- you can fill in this overhead with a transparency marker or use your own state project's overhead.]

Most of the states now have "Tech Act" projects and your state is one of them. On this overhead is the contact person for the project in your state. Don't hesitate to call this number and ask for information on the project - they want you to ask! They exist to give you support and information about assistive technology and assistive technology services. If you or someone you know can benefit from this kind of information, please call! If a representative from the state "Tech Act" is in the audience introduce them and invite participants to ask questions about what the project offers.

[Introduce a staff person from your state project and have them present on what the project is and what it does. Give participants contact phone numbers and addresses, and any other information you feel is important regarding your state project.]

ASSISTIVE TECHNOLOGY INCLUDES:

- Positioning and Mobility
- Augmentative Communication
- Computer Access
- Adaptive Toys/Games
- Adaptive Environments
- Funding

WHICH IMPACTS:

- Across Environments
- Across Age
- Across Disability
- Across Severity of Disability

AND PRODUCES OUTCOMES OF:

- Independence
- Productivity
- Self-Worth
- Inclusion
- Integration

Purposes of the "Tech Act"

To help states develop a consumer-responsive system that will:

- **Increase awareness of need**
- **Increase awareness of policy**
- **Increase opportunity to get assistive technology**

Title II Projects

✓ Programs of National Significance

✓ Identify Barriers

A) All-Aboard America:
Develops lift systems for Amtrak trains

B) Alpha One:
Demonstrates viability of loan programs for persons with disabilities

C) Assistive Technology Training for blind persons preparing to enter the job market

Your State Project

Name: ________________________________

Address: ________________________________

Person to Contact: ________________________

What They are Doing: ______________________

Individuals with Disabilities Education Act (IDEA) of 1990 P.L. 101-476

(15 Minutes)

By the end of this section, participants will :

- Know what IDEA is
- Know what IDEA contains regarding special education and assistive technology
- Know how IDEA supports a child's right to assistive technology
- Know of two letters of interpretation from OSEP, and what they contain

Description

This module covers the *Individuals with Disabilities Education Act of 1990,* formerly The *Education for all Handicapped Children Act of 1973.* It describes the purpose of the Act as well as how it supports the acquisition of assistive technology for children.

Materials Needed

✓ Overhead Projector

✓ Overheads:
  IDEA Is:
  IDEA and Assistive Technology

✓ Handouts:
  Schrag letter, 1990
  Schrag letter, 1991

Procedural Outline

[Display the overhead *IDEA IS:*]

Now I want to tell you about The Individuals with Disabilities Education Act. This law used to be called *The Education for All Handicapped Children Act of 1973, (or EHA).* In 1990, parts of the EHA were changed. One of these changes was to rename the law *The Individuals With Disabilities Education Act* or IDEA. EHA, now IDEA, is the federal mandate that gives all children with disabilities, no matter what their disability, the right to a free and proper public education. If a child has a disability, and is in need of special education, and/or related services, an "Individualized Education Program," or IEP, has to be developed. The IEP describes what will be an appropriate educational program for each child and must be developed at a meeting with parents and school officials. The IEP has to include what the child needs in order to receive a Free and Appropriate Public Education. The school is responsible for providing the services in the IEP free of cost to the family.

[Display the overhead *IDEA and Assistive Technology*.]

One of the most important changes made in 1990, was that assistive technology is now named in the law as a service that has to be provided to students if they need it to assist them in the learning process. An evaluation must be done to find out if assistive technology is needed and it must be done by an expert in assistive technology. If needed it must be written into the IEP and purchased by the school system.

There are two very important letters that were written in the last few years that specifically address assistive technology for children.

[Let service providers know that these may be found in their training folders and consumers that they are found in the participant manual.]

The first letter, dated August 10, 1990, stated five main points: 1) That a child's need for assistive technology must be determined on a case by case basis; 2) That a school system cannot refuse to provide assistive technology before determining if a child needs it for his or her education; 3) Assistive technology can be special education or a related service; 4) That cost and availability for assistive technology cannot be a part of the decision making process to meet a child's right to a free and appropriate public education; and, 5) If it is determined necessary by the IEP team, assistive technology must be provided free of cost to the family.

The second letter addresses a child's right to take assistive technology home from school. The question addressed in this letter was: Can assistive technology aids be limited to in school use? According to the Director of the Office of Special Education Programs, the answer is "no." This letter, dated November 1991, clarifies the following three points: 1) If the IEP team determines that a particular assistive technology item is needed for home use in order for a child to be provided FAPE (Free Appropriate Public Education) then the technology must be provided to implement the IEP. (It is not a valid rationale for a school system to deny requests for assistive technology to go home because of inadequate insurance coverage.) 2) A local school board may not change the statement of special education and related services contained in a child's IEP. They cannot reject the decisions of an IEP team, change the IEP, refuse to pay for it, or slow down its implementation. Finally, 3) No delay is allowed between the time a child's IEP is finalized and when special education related services are provided.

Are there any questions about IDEA?

IDEA IS:

The Individuals with Disabilities Education Act of 1990

It Used To Be Called:

The Education for all Handicapped Children Act of 1973

IDEA and Assistive Technology

1. Free Appropriate Public Education - including special education and related services.
2. Schools must make decisions concerning assistive technology on a case-by-case basis when developing the Individualized Education Program.
3. School system cannot refuse to provide assistive technology before determining if it is needed, nor after positive determination of need is made by the IEP team.
4. Evaluation done by an expert in assistive technology.
5. Assistive Technology can now be provided as part of special education and/or related services/supplemental aids.
6. Provided free of cost to family.

The Rehabilitation Act of 1973 and Subsequent Reauthorizations

(20 Minutes)

By the end of this section, participants will:

- Know of Title I of the Rehabilitation Act
- Know what the 1986 and 1992 Amendments to the Rehabilitation Act added
- Know the changes made to the Act by the 1992 Reauthorization
- Know main points of Section 504 of the Rehabilitation Act

Description

This module describes the *Rehabilitation Act of 1973,* with a focus on how it has evolved to better meet the assistive technology needs of persons with severe disabilities.

Materials Needed

✓ Overhead Projector

✓ Overheads/Handout Information:
  Title I
  The Rehabilitation Act Amendments of 1986
  1992 Reauthorization
  Section 504
  RSA Policy Directive and TA Circular
  RSA Policy Directive on Rehab. Engineering

Procedural Outline

In this part of our program we will learn about the *Rehabilitation Act of 1973*, and how it has evolved to better serve the assistive technology needs of persons with disabilities.

The Rehabilitation Act provides many protections for persons with disabilities against discrimination. The first important part of this Act is Title I, which provides guidelines for the provision of state rehabilitation services. State Rehabilitation, or VR, provides services to help persons with disabilities go back to work or receive training to help them get a job.

[Display the overhead *Title I.*]

VR was created to help persons with disabilities enter or re-enter the workforce, but not every person with a disability was eligible for VR services. Eligibility was based on three things:

1. A person must have a physical or mental disability.
2. A person must have a disability that causes/creates a substantial handicap to employment.
3. There must be a reasonable chance that VR services can make you job-ready. (This is determined through an evaluation.)

The eligibility requirements as well as other aspects of VR services changed with the 1992 amendments which will be explained shortly. If eligible for services, you and your counselor must develop an Individualized Written Rehabilitation Plan, or IWRP. The IWRP describes what services VR will provide you in order for you to reach a job goal. Some of the services offered by VR in order to help persons become employed are: Work evaluations, job counseling, guidance, and help finding a job. They can provide transportation to appointments and training opportunities as well as assistive technology when needed for an employment purpose.

[Display the overhead *The Rehabilitation Act Amendments of 1986.*]

The 1986 Amendments to the Rehabilitation Act added three new requirements for the states. These new requirements are: First, in order to get money from the federal government, each state has to tell how they are providing assistive technology services across the state. Second, when a person with a disability is being evaluated for Vocational Rehabilitation services, their need for any type of assistive technology must be found out. Someone who is an expert in different types of assistive technology must be the one to find this out. Third, if assistive technology or assistive technology services are needed in order for you to reach your work goal, they must be written into your IWRP as something VR must provide.

Are there any questions so far about the Rehabilitation Act?

[Display the overhead *1992 Reauthorization.*]

The 1992 Reauthorization of the Rehabilitation Act made many positive changes that give greater support to persons with severe disabilities receiving assistive technology and employment services. Some of the major changes are:

1) **Presumption of Ability**. The existing rehabilitation system required evaluations of "rehabilitation potential" and determination of "feasibility" for "employability." Often evaluations resulted in denial of eligibility to many individuals, particularly individuals with the most severe disabilities. One reason for this was that they were not using assistive technology during the evaluation which meant that severely disabled persons could not do the tasks required. The Act now begins with a presumption of ability-that people can achieve employment and other rehabilitation goals regardless of the severity of disability, if appropriate services and supports are made available. In other words, people are presumed to be able to work, unless the counselor can unequivocally demonstrate otherwise.

2) **Rehabilitation Technology.** The 1986 amendments provided an exemption from the comparable services and benefits requirement for what was at that time referred to as "rehabilitation engineering." *Congress decided to use the term "rehabilitation technology" to reflect all activities previously incorporated under the term "rehabilitation engineering" and clarifies that the term includes assistive technology devices and assistive technology services.* (Senate report 102-357, p. 17.)

3) **Assistive Technology and The IWRP**. The technology needs of individuals with disabilities must be addressed in the Individualized Written Rehabilitation Program by including "a statement of the specific rehabilitation technology services to be provided to assist in the implementation of intermediate rehabilitation objectives and long-term rehabilitation goals" for the individual.

4) **Assistive Technology Exempt from Comparable Services and Benefits Requirements.** Rehabilitation technology remains exempt from the comparable services and benefits requirement. This means that the rehabilitation system must provide rehabilitation technology services and devices to individuals who require them to achieve their rehabilitation goals.

5) **Amendments to Increase Choice**. The Act now includes numerous changes designed to increase the choice and control of individuals with disabilities over rehabilitation services. The

IWRP must be jointly developed, agreed upon, and signed by the individual with a disability and the counselor. The IWRP must be designed to achieve the employment objective of the individual, consistent with his or her unique strengths, priorities, abilities, and capabilities. It must include a statement, in the words of the individual, describing how he or she was informed about and involved in choosing among alternative goals, objectives, services, entities providing services, and methods used to provide or procure such services. The IWRP must be provided in the language or other mode of communication of the individual, and must include information regarding related services and benefits to enhance achieving rehabilitation goals. Finally, the individual must be provided a copy of the IWRP.

6) **"Choice Regulations"** These regulations are to enable individuals with disabilities to select rehabilitation services and service providers directly, consistent with the IWRP. In other words, persons seeking services written in their IWRP can choose their own provider rather than being referred by their VR counselor.

Are there any questions about the 1992 Reauthorization?

[Display the overhead *Section 504*.]

Section 504 of this act requires equal access and equal opportunity to persons with disabilities. It gives persons with disabilities protection from discrimination in all government programs, including state programs, equal employment opportunity, equal education opportunities, and building access.

In the area of employment, Section 504 says that employers cannot refuse to hire or promote qualified persons with disabilities, just because of their disability. They cannot discriminate in promotions, firing, amount of pay, benefits, job assignments, or sick leave. Employers are also required to make 'reasonable accommodations' of employees with disabilities unless it is extremely difficult and costly to do so. Some 'reasonable accommodations' might be, making facilities accessible, flexible schedules, and the provision of interpreters or readers.

Section 504 also says that no qualified person with a disability, because of their disability, can be kept out of a program or activity that gets money from the government. For example:

Public schools must be accessible to students with disabilities and must offer a free and appropriate public education. Any program that gets money from the government cannot discriminate against you or your family member with a disability - it is against the law. By accessible, we mean that no matter what your disability, federal and state programs must provide you with the same services they provide the general public. Accessible can mean different things for different types of disabilities. If you are a wheelchair user accessibility can mean being able to enter a building, use the restrooms, reach the elevator buttons, and generally getting around. If you are hearing impaired accessibility can mean having an interpreter, access to a telecommunication device, or other listening devices.

On November 16, 1990, the commissioner of the Rehabilitation Services Administration issued a policy directive and a technical assistance circular to state vocational rehabilitation agencies. This policy directive set a clear direction for greater access and availability of rehabilitation technology services and devices for persons with disabilities. It also placed pressure on each state's rehabilitation agency to take seriously the mandate of access to assistive technology. In brief, the directive states the following:

- Defines rehabilitation technology as including "a range of services and devices which can supplement and enhance individual functions," and includes "services which impact the environment through environmental changes such as job redesign or worksite modifications."

- States the importance of applying rehabilitation technology services when making determinations of eligibility which is especially important for those individuals whose disability is so severe that without the use of technology, they might be found ineligible.

- Makes clear that using assistive technology is equally important for those individuals who are:

1. In extended evaluation to determine rehabilitation potential;

2. Receiving services under an Individualized Written Rehabilitation Program (IWRP) if such services are appropriate

4. Undergoing annual review and re-evaluation when the case is in extended employment in rehabilitation facilities.

5. Receiving post-employment services.

6. Mandates that rehabilitation services is the payor of first resort, rather than last resort. This means that other means of funding assistive technology do not have to be investigated, and can mean that persons needing technology will not have to wait as long to receive it.

Title I

⇨ **Rehabilitation Services**

1. Mental or physical disability

2. Disability which causes/creates substantial handicap to employment

⇨ **Prior to 1992**

3. Reasonable expectation that services will make person employable

Overhead: *Title I*

The Rehabilitation Act Amendments of 1986

- Plan describes assistive technology services across state
- Evaluation done by a professional in assistive technology
- Rehabilitation plan must list needed assistive technology

1992 Reauthorization

- Presumption of Ability
- Rehabilitation Technology
- IWRP & Assistive Technology
- Assistive Technology exempt from Comparable Service Requirement
- Choice Amendments
- Choice Regulations

Overhead: *1992 Reauthorization*

Section 504

- ✔ Protection Against Discrimination in Federal Programs
- ✔ Equal Employment Opportunity
- ✔ Equal Education Opportunities
- ✔ Building Access

Overhead: ***Section 504***

RSA Policy Directive
and
Technical Assistance Circular

on Rehabilitation Engineering
to State Rehabilitation Agencies

November 16, 1990

☞ Set a clear direction for expanded access and availability of rehabilitation technology services and devices

Overhead: *RSA Policy Directive and TA Circular*

RSA Policy Directive on Rehabilitation Engineering

- ✦ Defines Rehabilitation Technology as a "range of services and devices which can supplement and enhance individual functions."
- ✦ It also includes "services which impact the environment through environmental changes such as job redesign or worksite modifications."
- ✦ Clearly states use of assistive technology for individuals
- ✦ Use of assistive technology throughout rehabilitation process
- ✦ Mandates Vocational Rehabilitation to be the payor of first resort, not the last

Overhead: *RSA Policy Directive on Rehab. Engineering*

Americans with Disabilities Act of 1990

(20 Minutes)

By the end of this section, participants will:

- Know what the Americans with Disabilities Act is
- Know the purpose of the Americans with Disabilities Act
- Know the titles of the Americans with Disabilities Act
- Understand how the Americans with Disabilities Act relates to assistive technology

Description

This module explains in general terms, the content of the *Americans with Disabilities Act of 1990*. It covers all titles of the Act and shares the implications of the Act regarding assistive technology.

Materials Needed

✓ TV/VCR

✓ Video: *ADA: A New Era*

✓ Overhead Projector

✓ Overhead:
Americans with Disabilities Act of 1990
ADA Enforcement

Procedural Outline

In this section, we will cover *The Americans with Disabilities Act*, which became a law on July 26, 1990. The purpose of this law is to protect all Americans with disabilities from discrimination in work, public services, public Accommodations, transportation, and telephone services. This law offers many of the same protections that the Rehabilitation Act of 1973 did. However, the big difference between this law and the ones that came before it, is that this law says that everyone - not just the government - must not discriminate against persons with disabilities.

[Display the overhead *Americans with Disabilities Act of 1990*.]

As you see on this chart, there are four main parts to the law. Title I of this law is about work. It says that businesses cannot discriminate against a person with a disability when they hire or when they give promotions, if the person is qualified for the job. It also says that businesses have to provide workers with a disability a place to work that they can get around just as well as workers without a disability. This can mean providing assistive technology to workers, by means of devices, worksite modification, or other service.

All businesses with 25 or more workers must follow this law starting July 26, 1992. All businesses with 15 or more employees must comply by July of 1994.

Title II states that public services offered by the government, which includes your county and city governments, must not discriminate against persons with disabilities. By July of 1992, all government buildings, services and phone systems must be accessible.

Also covered under Title II are issues of public transportation. All new public buses must be accessible to persons with disabilities starting in 1990, and if there are no new accessible buses, the city must provide special transportation services. An example of buses that are accessible are those with lifts for wheelchairs and/or the driver announcing what stop you are at for persons who are blind.

All new train cars must be accessible as well as new bus and train stations.

Title III of the law covers public accommodations. Public places must not discriminate against persons with disabilities starting January 26, 1992. This means restaurants, banks, hotels, theaters, doctors' offices, stores, day care centers, and every public building or place should be easy for a person with a disability to use.

The law also says that assistive technology must be provided by public places to persons with vision or hearing disabilities unless it is very, very difficult to do so. Examples of businesses providing assistive technology to their customers are McDonald's, which offers menus in braille and in pictures, and Red Lobster, which also offers menus in large print.

[Offer other examples if you know of any that may be helpful to your target audience.]

Title IV addresses telecommunications. Companies offering telephone services to the public must offer special services to deaf persons. An example of this is offering relay services to persons who use Telecommunication devices for the deaf or TDD's. TDD's allow persons who cannot speak to type in a message which comes out on the TDD of the person with whom they are speaking.

(Display the overhead *ADA Enforcement*.)

Are there any questions about the *Americans with Disabilities Act*?

I have a video about the ADA with me today. Let's watch it now and then we will discuss it.

[Play the video *ADA: A New Era*.]

Video Suggestion:

"Americans with Disabilities Act: A New Era" - gives an overview of the ADA law including the five titles under ADA. (Available from the UTAH Assistive Technology Program, Center for Persons with Disabilities, Utah State University 1-800-333-UTAH.)

Americans with Disabilities Act of 1990

Title I = ✓ Employment

Title II = ✓ Public Services

Title III = ✓ Public Accommodations

Title IV = ✓ Telecommunications

Title V = ✓ Miscellaneous

ADA Enforcement

Title I - Employment:

Equal Employment Opportunity Commission (EEOC)

Title II - Public Services:

Department of Justice
Department of Transportation

Title III - Public Accommodations:

Department of Justice/Assistant Attorney General for Civil Rights
Department of Transportation

Title IV - Telecommunication:

Federal Communications Commission (FCC)

Funding and Advocacy for Assistive Technology Devices and Services

(30 Minutes)

By the end of this section, participants will:

- Know the major funding sources for assistive technology
- Know the eligibility criteria for the major funding sources
- Know about the Protection and Advocacy System
- Know about the Client Assistance Program

Description:

This module gives participants a brief overview of the major funding sources and advocacy programs for assistive technology.

Materials Needed:

✓ Overhead Projector

✓ Overheads/Handouts:

Major Funding Sources
Medicaid
Medicare
Special Education
Rehabilitation Services
Social Security Administration
SSDI and SSI
Workers' Compensation
Veterans Administration
Private Health Insurance
Protecting Your Rights

Procedural Outline:

Now that we have seen examples of the assistive technology devices available and how they can benefit persons with disabilities, we are going to go over how you can get needed assistive technology paid for.

[Display the overhead *Major Funding Sources.*]

There are eight main sources for assistive technology funding, they are: Medicaid, Medicare, Special Education, Rehabilitation Services, Social Security Administration, Worker's Compensation, Veterans Administration, and Private

Health Insurance. Sometimes places such as the local Lions' Clubs, Shriners, and other clubs can be approached for help in paying for a device.

[Display overhead *Medicaid*.]

Medicaid, sometimes Medical Assistance, or "MA", is a health insurance program for persons who have limited income or a disability. To be eligible for Medicaid, you must meet one of the following criteria:

1. Some persons qualify for Medicaid automatically because they receive a government benefit such as public assistance or Supplemental Security Income (SSI) check.

2. Persons with a severe disability who do not receive SSI must meet an income test which may change each year.

3. Medicaid may let persons who used to get SSI, go to work while still being enrolled in Medicaid.

4. Several situations exist which let Medicaid make exceptions to the rules. In some cases, Medicaid does not consider income, and in other cases it lets Medicaid cover items that might not normally be covered. These waivers can be made for families that have children under 18 years old that are disabled to the point where they need constant nursing care. Some of the technology that might be covered by Medicaid under waiver programs include home modifications such as wheelchair ramps and lifts.

Many states have passed changes in their state Medicaid coverage to include payment for augmentative communication devices.

[Note to Trainer: Include your state information on this.]

Under regular Medicaid coverage, assistive technology is covered when it is "medically necessary." Medicaid law says that Medicaid will pay for equipment that will either treat the disability or let the person with a disability overcome a condition which gets in the way of "normal activity." Some examples of what Medicaid will pay for (if it is medically necessary) include: prosthetic devices (artificial limbs), testing, prevention services, rehabilitation services, occupational therapy, physical therapy, speech therapy, and similar services for children.

Are there any questions about Medicaid?

Early Periodic Screening, Diagnosis, and Treatment Services

Among the nine mandated services that all states participating in the Medicaid program must provide to Medicaid recipients up to the age of 21 years, is the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. Effective April 1, 1990, the new provision outlined under P.L. 101-239, requires that states treat any physical or mental problem identified during such screening and assessment if such "treatment" is coverable under federal Medicaid law even if these treatments are not contained in the State's Medicaid plan.

This provision assures that all children who are poor have access to and obtain routine health care screenings, assessments and interventions to keep them healthy, as well as to stop any potential impact of physical or developmental impairment.

This means that Medicaid coverage for physical and occupational therapy, speech and language audiology services, and specific assistive devices and equipment may now be provided through EPSDT for children who are Medicaid beneficiaries

Medicare is a federally-funded health insurance program which helps Americans over 65 and severely disabled persons under 65 pay their costs of health care. Medicare has two parts: Mandatory hospital insurance (Part A), and Optional medical insurance (Part B).

Part B of the Medicare program is a medical insurance program established to supplement part A. Part B is designed very much like a typical insurance model. Enrollees subscribe voluntarily to the program. Qualification is restricted somewhat to persons who qualify under Part A, as well as for most other persons 65 years old and over who reside in the U.S. A monthly premium is required, an annual deductible and a 20 percent coinsurance rate.

[Display the overhead *Medicare.*]

Benefits received for enrollment under Part B include coverage of a portion of the costs for physician services; for other supplies and services incidental to a physician's care; for outpatient or ambulatory medical, surgical or rehabilitative care; for various outpatient services; for internal prosthetic devices, external braces, artificial limbs or eyes; and, for rental or purchase of durable medical equipment. It is under Part B that assistive technology devices may be covered. In order for assistive technology to be covered under Part B it must meet certain criteria.

[Read the *Medicare* overhead.]

Are there any questions about Medicare?

[Display the overhead *Special Education.*]

Special Education is specially designed instruction at no cost to the parents, to meet the unique needs of the child with a disability.

Any child with a disability, no matter what type or how severe, whether it is a physical disability or a learning disability, is entitled to receive Special Education Services. Under the law, if a child getting special education services needs assistive technology to learn, then it must be provided by the school system.

As we said earlier in the program today, every child in the Special Education system must have an Individualized Education Program. An Individualized Education Program, or IEP, as we call it, is written by your child's teachers with parental input, after the child has been evaluated. The IEP will describe what services the child will need in order to take part in getting an education in the least restrictive environment. It also projects how long it might take to accomplish certain learning goals, what types of therapy might be needed, and if your child needs assistive technology, the type of assistive technology and how it will be used to learn.

A specific evaluation for assistive technology needs must be performed and if your child needs assistive technology it must be when the team makes its decisions about what will be included in your child's IEP. If you know from the evaluation, for example, that your child has to use a communication device then you must speak out in the IEP meeting and request that it is included. This is your legal right.

Are there any questions about Special Education?

[Display the overhead *Rehabilitation Services.*]

Rehabilitation Services (formerly Vocational Rehabilitation) is a

Federal and State program that offers employment related services to persons with disabilities. The main goal of Rehabilitation Services, sometimes called VR, is to help persons who have a disability that gives them problems in getting or keeping a job, to become job ready. Persons with disabilities of working age are eligible for rehabilitation services.

Some of the services Rehab. Services may provide are: Evaluates a person to see what their abilities are and what kind of work they have an aptitude for. They can provide job counseling, guidance and help in finding a job. They may provide transportation to work related appointments and provide clients with assistive technology devices that will allow them to work.

A few examples of the assistive technology devices that Rehab. Services pays for are: Automobile adaptations, like van lifts or hand controls; telecommunication devices for the deaf (TDD's); hearing aids, mobility training for persons who are blind, and other devices that will help someone work. We have included in your manual the policy directive which describes Rehab. Services in greater detail.

[The policy directive was also discussed in the legislation module, *The Rehabilitation Act.*]

Are there any questions about Rehabilitation Services?

[Display the overhead *Social Security Administration.*]

The Social Security Administration (SSA) provides income support through two major types of assistance for persons with disabilities: SSDI or SSI. It does not provide direct funding of assistive technology. However through the development of a Plan to Achieve Self-Support (PASS) under the SSI program, it is possible to have funds set aside for assistive technology in a way that will not count against income eligibility for SSI.

[Display the overhead *SSDI and SSI.*]

Social Security Disability Insurance (SSDI)

SSDI is a social insurance program. Eligibility is not based on one income or wealth but on an individual's being "blind" or "disabled," being unable to work as a direct result of the disability, and having insured status under the Social Security program (usually having paid into the program for roughly one-half the number of years since age 21). Disability protection, in the form of monthly cash benefits, is provided for the following groups of people:

1. Disabled workers and their families.
2. Needy individuals under the SSI program.
3. Disabled widows/widowers, or disabled surviving divorced spouses.
4. Disabled children or workers entitled to worker's or retirement benefits or children of insured workers who have died.

SSDI eligibility does not depend on a person's being poor, but other income is relevant. If a person earns over a specified amount, the SSA does not consider him so disabled that he cannot work. The SSA uses this concept of "Substantial Gainful Activity" (SGA) to help determine eligibility for benefits.

Impairment-Related Work Expense (IRWE) includes services and items a person needs in order to work. The expenses must be paid by the disabled worker without expected reimbursement. In calculating impairment-related work expenses, an amount equal to the cost of certain services, medical devices, equipment, and similar items is deducted from the total income before the SGA is calculated. For persons who need assistive technology, using the impairment-related work expenses deductions will help keep the income level below the SGA level so that some or all of the income from SSDI benefits can be diverted to the acquisition of equipment.

Supplemental Security Income

Supplemental Security Income (SSI) provides a minimum income for persons who are either disabled or elderly and whose income is between certain limits prescribed by the SSA. SSI is designed to assist disabled persons who have little income or no other resources. In order to be eligible for SSI payments, a person must meet the following criteria:

- Age 65 or older
- Blind
- Disabled
- Be a resident of one of the 50 states, D.C., or the Northern Mariana Islands
- Be a U.S. citizen or a legally admitted alien for permanent residence

- Not have countable income for one month or more
- Not have countable resources in excess of $1,500 for one person or $2,500 for two persons

Plan to Achieve Self-Support

The Plan to Achieve Self-Support (PASS) allows a person with a disability to set aside income for a specified amount of time in order to reach a work goal. Persons can set aside money for education, equipment, work-related training, or to start a business of their own. A PASS does not affect a substantial gainful activity determination for initial eligibility decisions. Income and resources that are set aside are excluded only under the Supplemental Security Income (SSI) and resource tests. Anyone who has a disability and receives SSI can have a PASS. Plans for Achieving Self-Support must be approved by the SSA prior to using them as a means to exclude income from SSI calculations. These plans are the most powerful tool available for excluding income that is necessary to build funds for assistive technology. The self-support plan allows a person to devote substantial existing personal assets to the acquisition of assistive technology without threatening the level of assistance provided by SSI.

The SSA requires that a Plan to Achieve Self-Support contain the following elements:

- be designed especially for the person
- must be in writing
- have a specific work goal that the person is capable of performing
- have a time-frame of no longer than 48 months
- show which money/resources will be used to reach the goal
- show how the money will be used
- show provisions for keeping the money separate from other resources
- have approval by SSA
- be reviewed periodically to assure compliance

The first step in either applying for SSI or SSDI is to visit the local SSA office. The staff there can help to determine which program application should be made and can advise on the necessary steps involved in the application procedure.

NOTE: For additional information on these and other SSA programs, the following publication is very helpful: *A*

Summary Guide to Social Security & Supplemental Security Income Work Incentives for the Disabled & Blind. SSA publication no. 64-030. It may be obtained by contacting SSA's Office of Disability, Office of SSI.

[Display the overhead *Workers' Compensation.*]

All states require that employers provide Workers' Compensation coverage. Regardless of how an employer chooses to provide coverage, the benefits are mandated by state law. Therefore, all workers in a particular state will have the same benefits.

Workers not covered by state Workers' Compensation laws include farm laborers, domestic servants, and part-time employees. Often, an employer will voluntarily cover these employees as well, to avoid the possibility of facing a lawsuit due to a job-related injury.

In addition to covering job-related injuries, Workers' Compensation also covers job-related illness. This includes illnesses that may not appear for several years.

Benefits fall into three categories and are paid according to the nature and extent of the injury:

Cash Benefits: These include disability income payments for lost wages. They also include lump sum payments for lost limbs or members.

Medical Benefits: These are generally provided from the first dollar of expenses and with no limit on time or cost. These would also cover any assistive technology that is needed.

Rehabilitation Benefits: These include training for use of any assistive technology as well as any other necessary medical or vocational rehabilitation.

An important concept to remember with Workers' Compensation is that both the employee and employer want to get the employee back on the job as fast as possible.

[Display the overhead *Veterans Administration.*]

The Veteran's Administration otherwise known as the VA, is one of the largest purchasers of assistive devices for persons with disabilities, however, not all veterans are equally eligible for all VA benefits. Veterans, dependents, and others can send for a copy of *Federal Benefits for Veterans and Dependents,* a manual that is updated annually by the VA, which outlines the range of available benefits and their particular eligibility requirements.

As with benefits, eligibility has expanded gradually over time, offering some coverage not only to wartime veterans, or veterans with service-connected disabilities, but, in some cases, to all veterans and even their dependents. In 1986, however, federal budgetary constraints led to a significant reversal in that eligibility trend. Congress enacted Public Law (P.L.) 99-272, which "revised eligibility categories, established a `means test,' provided for copayments by veterans in certain categories, and authorized recovery from private insurance for treatment rendered veterans in VA facilities."

In short, this is eligibility:

Category A: Service connected veterans, or non-service connected, but with income below $15,000 (single) $18,000 (with dependent).
Category B: Veterans not in Category A, but with annual income below $20,000 (if single); $25,000 (with dependent).
Category C: All other veterans.

The amount of benefits one can receive from VA depends upon the category the veteran falls under. Assistive technology devices are covered for many veterans.

[Display the overhead *Private Health Insurance.*]

In order to know what an insurance company might pay for, it is important to obtain a copy of the insurance coverage manual.

A physician's prescription is the opening into the insurance system. Without a prescription, the insurance system will not respond. Even if the chances for coverage are slim, private health insurance should be approached before other sources of third-party funding.

Existing coverage related to assistive technology must be defined. In order to assure adequate coverage from group health insurance, one must examine carefully (1) the policy under which the primary insured individual is covered; (2) any other policies held by family members; and (3) all other types of coverage that may apply.

The examination policy of coverage can be carried out from two different perspectives. The first perspective is simply to find out if the assistive technology and/or related services needed is a covered item/service. If so, the claims process is very straightforward. However, in many cases, the assistive technology may not be specifically named. In this case it is necessary to review the policy from the second perspective: What does the policy not cover?

Most policies list what they will not cover under "exclusions." If the needed technology is not specifically on this list, it is very possible it may be covered, even though it did not appear on the list of items/conditions that are covered. Unless the policy expressly excludes the needed technology/related services, a claim should be filed. In the case of denial, an appeal to the insurer should be made, or complaint made to state commissioner of insurance.

Are there any questions about private insurance?

[Display the overhead *Protecting Your Rights*.]

There are two federally funded programs for persons with disabilities that will give you free help if you think your rights are being violated.

One of theses agencies is called Protection and Advocacy for Persons with Disabilities. This program is there to help persons with disabilities to understand what their rights are and to help defend them. One way this agency can help is, for example, when you are going to an IEP meeting and you need someone there to give you support in order to get your child the technology needed. Your local Protection and Advocacy office also handles many other types of complaints and will give you referrals to other agencies.

Another agency that helps protect your rights is the Client Assistance Program. This program is there to help those persons with disabilities who believe they are not getting the right services from the Rehabilitation Services Department.
If you have been denied services of any kind and you believe that you should receive them, the Client Assistance Program can help you find out why you are not getting what you might need, and help you to get it.

The address and phone numbers for both of these programs are listed in your manuals under Advocacy Groups.

Major Funding $ources

Medicaid

Medicare

Special Education

Rehabilitation Services

Social Security Administration

Workers Compensation

Veterans Administration

Private Health Insurance

Overhead: *Major Funding Sources*

Medicaid

1. Automatically qualify if receiving public assistance or Supplemental Security Income (SSI).

or

2. Severe disability and meet income test.

3. May let persons who were getting SSI, go to work and still get Medicaid benefits.

4. Exceptions for families with children who need constant nursing care.

Medicare

Part A: Mandatory

Part B: Optional

Covers Some Assistive Technology Devices if they:

- Can withstand repeated use
- Serves a Medical Purpose
- Not useful to a person unless they are injured or ill & can be used in the home

and:

- Must be necessary and reasonable
- Should not be the most expensive device

Special Education

✓ The Right to a Free and Appropriate Public Education

✓ Individualized Education Program based on a complete and individual assessment of the specific needs of the child

✓ Right to receive related services necessary to benefit from special education like, speech, physical, and occupational therapy.

Rehabilitation Services:

- Provides job related services to persons with disabilities
- Must be found eligible
- Will purchase assistive technology if related to a work goal

Overhead: ***Rehabilitation Services***

Social Security Administration

- ◆ No Direct Funding of Assistive Technology
- ◆ Several types of assistance for persons with disabilities:
  - ☐ Social Security Disability Insurance (SSDI)
  - ☐ Supplemental Security Income (SSI)
    - ◆ Plan to Achieve Self Support (PASS)

Social Security Disability Insurance (SSDI)

Impairment-Related Work Expenses = deduct money spent on medical devices, certain services and equipment from monthly earnings

- helps keep earning level low enough to set aside $ for assistive technology

Supplemental Security Income (SSI)

◆ Plan to Achieve Self Support =

- allows one to set aside $ for assistive technology
- $ set aside in the PASS plan will not count against income eligibility for SSI

ALSO:

Blind Work Expenses under SSI =

- more deductions one can take
- guide dog expenses, transportation to and from work, taxes, vision aids, translation into braille expenses are deductible

Overhead: *SSI and SSDI*

Workers' Compensation

(Illness or injury must be job-related)

Benefits can be:

Cash : income payments for lost wages, lump sums for lost limbs

Medical: assistive technology may be covered here

Rehabilitation: training, medical and vocational rehabilitation

Veterans Administration

Eligibility:

Category A: Service connected veterans, or non-service connected, but with income below $15,000 (single) $18,000 (with dependent).

Category B: Veterans not in Category A, but with annual income below $20,000 (if single) and $25,000 (with dependent).

Category C: All other veterans.

Overhead: *Veterans Administration*

Private Health Insurance

- Condition must be due to accident or illness
- Assistive Technology item must be prescribed by Doctor
- Assistive Technology item must be one of the covered costs of the policy
- If not listed in the 'Exclusions' list - file the claim!
- Appeal denied claims

Overhead: ***Private Health Insurance***

Protecting Your Rights

✓ Protection and Advocacy for Persons with Disabilities

✓ Client Assistance Program

and

✓ Office of Civil Rights

✓ Community Legal Aid

✓ Law Schools

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Videos Referenced:

Americans with Disabilities Act: A New Era - summarizes and explains the implications of the Americans with Disabilities Act of 1990. Available through the Utah Assistive Technology Program, Utah State University, Center for Persons with Disabilities, UMC 6855, Logan, UT 84322, 1-800-333-Utah.

Growing Up Capable - demonstrates technology for children. Available through AbleNet, Inc., 1081 10th Avenue, SE, Minneapolis, MN 55414-1312, 1-800-322-0956.

Independence Through Technology - demonstrates various ways for people with disabilities to achieve their independence through the use of technology. Available through Seaside Education Associates, Inc., P.O. Box 341, Lincoln Center, MA 01773, 1-800-886-8477.

The Sky's the Limit - demonstrates recreational opportunities of many kinds for various disabilities. Available through the Utah Assistive Technology Program, Utah State University, Center for Persons with Disabilities, UMC 6855, Logan, UT 84322, 1-800-333-Utah.

Appendices

Table of Contents:

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Appendix 1

Accessibility Training Information

Included in this Appendix:

- ✓ Things to Remember
- ✓ Accessibility Checklist

Things to Remember When Planning an Accessible Training Program

Accessibility of Location:

Choose a location that is accessible to participants by a variety of transportation means. Is it on the bus line? Is the train/subway nearby? Is paratransit available to the chosen location? Is it a neutral location? (For example, some persons find university and agency locations intimidating).

Accessibility of Facility:

Is the building physically accessible to participants with mobility and visual impairments? Entrances should be ramped according to current accessibility standards. Bathrooms must have wide doorways, wide stalls, and grab bars in the stalls; elevators should be marked with raised numerals; and a telecommunications device should be available to those with hearing impairments. Please make sure that the meeting room is near the restrooms. It is best to go out and visit the potential site prior to choosing it for your program. An accessibility checklist is provided in the reference section of this manual.

Accessibility of Training Materials:

Request that participants inform you of any special needs they have prior to the program. You should have these requests in enough time to have materials brailled, put into large print, put on audio cassette, hire sign language interpreters, etcetera, by the day of the program. Sign language interpreters should be contacted in advance and assistive listening devices should be available for participants who are deaf or hearing impaired. A registration with request for accommodation form is included in the reference section of this manual.

Audio Visual Equipment:

A television with VCR should be set up by the day of your program in order to view the video on technology. Are there outlets in front of the room where you will be presenting? Prior to the program make sure all equipment is in working order.

Seating Arrangements:

Participants should be seated in semi-circular rows in order to facilitate interaction with the group. Leave open spaces in various areas so that persons using wheelchairs have a choice of where to sit. Be prepared to have an escort at the door to assist persons who are blind to a seat.

Amount of Participants:

Most trainers feel comfortable with 25-30 participants. For best facilitation of learning, with adequate time for questions, 25-30 is advised for this 3 hour curriculum.

Breaks:

Participants should have a 15 minute break at least every hour and a half. Lunch breaks vary according to the program. Consider how closely restaurants are located and how much time you can fit into the day's schedule, without tiring out or overloading participants. A good amount of time for lunch is usually between 45 minutes to 1 hour for most programs. If you are having lunch served, do not use buffet style because it is difficult for some persons to serve themselves in this manner. If you have no alternative, be sure to have someone as a "food tender" standing by ready to assist. If there are persons with visual impairments in your activity, be sure to identify where the food or coffee is located, what is available, and when it is time to serve. See the Accessibility Checklist for more details.

Participant Interaction:

Encourage participants to ask questions and make comments throughout the program. Make sure everyone gets a chance to contribute if they desire, but keep these times under control by not dwelling on one person's question for more than a few minutes. If all questions cannot be dealt with in enough detail, arrange to provide further information at another time.

Building Access Survey Form

Name of building: ______________________________ Date: ____________

Address: ____

____

Contact person: ______________________________ Telephone: ____________

Type of facility: ______________________________ FAX: ____________

Reason for survey: ____

Surveyor(s): ____________________ ____________________

____________________ ____________________

Building Access Survey Packet

MATERIALS NEEDED:

Survey Packet Forms, Clipboard, Pressure Pull Scale, Looped Cord, Measuring Tape, Angle Finder

INSTRUCTIONS:

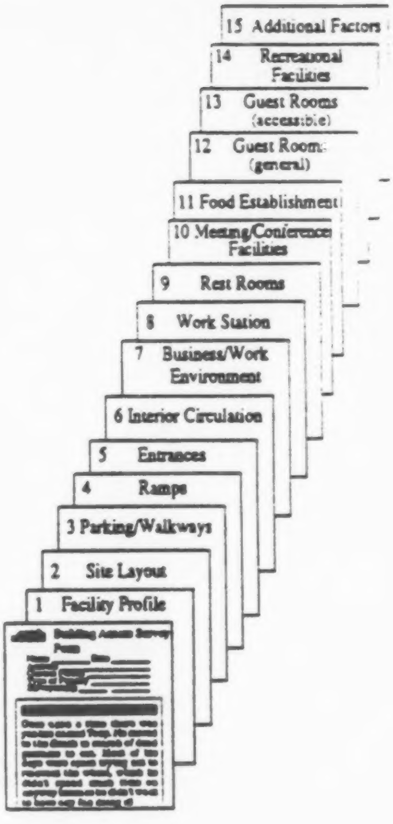
Review the entire Packet before entering any information. The Survey Packet is made up of fifteen individual forms. These forms cover a full range of accessibility considerations in utilizing a hotel or conference center, employer work site or public building. Select the appropriate forms for the type of facility being surveyed.

Separate forms should be completed for each accessible entrance, sets of rest rooms, and similar layout of accessible facilities surveyed. A comprehensive accessibility survey will normally include 15 to 30 forms, depending on the number of buildings and size of the complex. The forms should be attached together to complete the entire "Building Access Survey Packet".

Survey forms should be completed by checking appropriate boxes, inserting requested information, and providing additional information when necessary. Sketches/diagrams should be included for building, location, bathrooms, entrances, room layouts, work stations and similar situations.

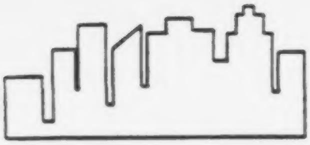
If facility layout and floor plans are available, sketches may be made directly on these plans identifying the location of accessible entrances, bathrooms work station or guest rooms surveyed. These should be attached to the Survey Packet.

It is important that all identifying information of facilities, measurements and descriptions be accurately determined and clearly recorded. It is recommended that two to three people, including a wheel chair user, work together as a team to conduct the survey. A complete survey will take normally two to six hours depending on facility size and complexity.


15 Additional Factors
14 Recreational Facilities
13 Guest Rooms (accessible)
12 Guest Rooms (general)
11 Food Establishment
10 Meeting/Conference Facilities
9 Rest Rooms
8 Work Station
7 Business/Work Environment
6 Interior Circulation
5 Entrances
4 Ramps
3 Parking/Walkways
2 Site Layout
1 Facility Profile
Building Access Survey Form

BEST COPY AVAILABLE

SITE ____________________



1. Facility Profile

Provide an overall description of the property indicating the number and type of buildings/facilities, accommodations available and other access related information.

1.1 Number of parking lots: ☐ Total spaces available: ☐

Location: ____________________	Surveyed: ☐ Yes ☐ No	Covered: ☐ Yes ☐ No
____________________	☐ Yes ☐ No	☐ Yes ☐ No
____________________	☐ Yes ☐ No	☐ Yes ☐ No
____________________	☐ Yes ☐ No	☐ Yes ☐ No

1.2 Number of buildings: ☐ Multi-story: ☐ Yes ☐ No Specify: ____________________

1.3 Date of original construction: ☐ Date of major additions and remodeling: ☐

1.3.1 Are there plans for remodeling/refurbishing? ☐ Yes ☐ No

If so, when? ____________________

____

1.4 Number of Entrances: ☐

Location: ____________________	Accessible: ☐ Yes ☐ No
____________________	☐ Yes ☐ No
____________________	☐ Yes ☐ No
____________________	☐ Yes ☐ No
____________________	☐ Yes ☐ No

1.5 Number of sets of public rest rooms: ☐ Number accessible: ☐

Location: ____________________	Surveyed: ☐ Yes ☐ No	Accessible: ☐ Yes ☐ No
____________________	☐ Yes ☐ No	☐ Yes ☐ No
____________________	☐ Yes ☐ No	☐ Yes ☐ No
____________________	☐ Yes ☐ No	☐ Yes ☐ No
____________________	☐ Yes ☐ No	☐ Yes ☐ No
____________________	☐ Yes ☐ No	☐ Yes ☐ No

1.6 Number of guest rooms:	☐	Number of accessible guest rooms:	☐
1.7 Number of meeting rooms:	☐	Number accessible:	☐
1.8 Number of food establishments:	☐	Number accessible:	☐
1.8.1 Number of lounges:	☐	Number accessible:	☐

1.9 Recreation facilities available:

		Accessible:
Pool	☐ Yes ☐ No	☐ Yes ☐ No
Spa	☐ Yes ☐ No	☐ Yes ☐ No
Game Room	☐ Yes ☐ No	☐ Yes ☐ No
Tennis	☐ Yes ☐ No	☐ Yes ☐ No
Racquetball	☐ Yes ☐ No	☐ Yes ☐ No

Other: ____________________

1.10 Obtain the following information:

Facility Brochure ☐ Yes ☐ No
Meeting Planner Guide ☐ Yes ☐ No
Floor Plan Layouts ☐ Yes ☐ No

ADDITIONAL INFORMATION:

SITE ____________________

2. Site Layout

Diagram or attach the layout of the overall complex showing buildings and site plan. Relationship to streets, parking Ⓟ location(s), exterior outline of buildings(s), preferred accessible Ⓐ routes, building entrances, Ⓔ accessible entrances ♿, and other site features should be indicated.

SITE ______________________________

3. Parking/Walkways

Parking and passenger loading/unloading should be conveniently located and connected by walkways to an accessible building entrance.

Parking

3.1 Is offstreet parking available adjacent to the building? ☐ Yes ☐ No Locations: ______________________

3.2 If adjacent offstreet parking is not available, indicate location and distance to nearest parking?

Location: ______________________ Distance: ______________________

3.3 Is there a charge for parking? ☐ Yes ☐ No Amount: .... ☐

3.4 How many total spaces (approximately) are available? .... ☐

3.5 Are accessible parking spaces available? ☐ Yes ☐ No

If Yes, how many spaces? .... ☐

3.5.1 Are spaces at least 12 feet wide? ☐ Yes ☐ No If No, how wide? .... ☐

3.5.2 Are 5 foot wide loading/unloading strips present? ☐ Yes ☐ No

3.5.3 Is accessible parking located in covered parking areas? ☐ Yes ☐ No

If Yes, is the ceiling height (clearance) 9' or more? ☐ Yes ☐ No

If No, how high? .... ☐

3.5.4 Is accessible parking near the primary accessible entrance? ☐ Yes ☐ No

If No, explain: ______________________

3.5.5 Are designated parking spaces located on a level surface? ☐ Yes ☐ No

If No, what degree of incline exists? .... ☐

3.6 Is a level or ramped passenger loading/unloading zone immediately next to the primary handicapped entrance? ☐ Yes ☐ No

Signage

3.7 Are designated parking spaces appropriately identified with upright signs and wording as required by state law?
☐ Yes ☐ No

If No, describe: ______________________

3.7.1 Is there signage indicating route(s) to accessible entrances? ☐ Yes ☐ No

3.7.2 Are tactile maps available for blind individuals showing building rooms and activities? ☐ Yes ☐ No

Walkways

3.8 Is there a level or inclined walkway with necessary curb cuts from parking area to accessible entrance(s)?
☐ Yes ☐ No ☐ NA

3.8.1 If an incline or slope exists, is incline 3 degrees or less? ☐ Yes ☐ No ☐ NA

If No, what is the incline? ....

3.8.2 What amount of cross slope, if any, exists? ....

3.8.3 Are curb cuts provided at appropriate areas? ☐ Yes ☐ No

3.8.4 Are curb cuts, if provided, constructed with slopes less than 1:12 (5 degrees) and with lips less than 1"?
☐ Yes ☐ No ☐ NA

If No, describe location and problem:

ADDITIONAL INFORMATION:

SITE ____________________

4. Ramps

Level changes or steps in approaches to buildings, or between areas within buildings, should have permanent ramps available which can be safely utilized.

NOTE: Complete a separate checklist for each ramp surveyed.

4.1 Indicate location of the ramp: Building area: ____________________ ☐ Interior ☐ Exterior

4.2 Ramp should conform to the following specifications:

- **4.2.1 Slope (incline):** Is incline of the ramp surface 1:12 (5 degrees) or less? ☐ Yes ☐ No
  If No, indicate incline: .... ______
- **4.2.2 Cross Slope:** Is drainage or cross slope 2 degrees or less? ☐ Yes ☐ No
  If No, indicate slope: .... ______
- **4.2.3 Surface:** Is ramp surface stable and non-slip? ☐ Yes ☐ No
  If No, explain: ____________________
- **4.2.4 Width:** Is ramp at least 36" wide? ☐ Yes ☐ No If No, how wide? .... ______
- **4.2.5 Rest Area:** Does ramp (if over 30 feet) have a 5 foot level rest area every 30 feet?
  ☐ Yes ☐ No ☐ NA
- **4.2.6 Handrail**: Does ramp (if 1:12 incline) have hand rails (32" high) on at least one side?
  ☐ Yes ☐ No ☐ NA

ADDITIONAL INFORMATION:

(Use Back for Additional Ramps)

4.1 Indicate location of the ramp: Building area: ____________________ ☐ Interior ☐ Exterior

4.2 Ramp should conform to the following specifications:

4.2.1 Slope (incline): Is incline of the ramp surface 1:12 (5 degrees) or less? ☐ Yes ☐ No
If No, indicate incline: .... ☐

4.2.2 Cross Slope: Is drainage or cross slope 2 degrees or less? ☐ Yes ☐ No
If No, indicate slope: .... ☐

4.2.3 Surface: Is ramp surface stable and non-slip? ☐ Yes ☐ No
If No, explain: ____________________

4.2.4 Width: Is ramp at least 36" wide? ☐ Yes ☐ No If No, how wide? .... ☐

4.2.5 Rest Area: Does ramp (if over 30 feet) have a 5 foot level rest area every 30 feet?
☐ Yes ☐ No ☐ NA

4.2.6 Handrail: Does ramp (if 1:12 incline) have hand rails (32" high) on at least one side?
☐ Yes ☐ No ☐ NA

ADDITIONAL INFORMATION:

4.1 Indicate location of the ramp: Building area: ____________________ ☐ Interior ☐ Exterior

4.2 Ramp should conform to the following specifications:

4.2.1 Slope (incline): Is incline of the ramp surface 1:12 (5 degrees) or less? ☐ Yes ☐ No
If No, indicate incline: .... ☐

4.2.2 Cross Slope: Is drainage or cross slope 2 degrees or less? ☐ Yes ☐ No
If No, indicate slope: .... ☐

4.2.3 Surface: Is ramp surface stable and non-slip? ☐ Yes ☐ No
If No, explain: ____________________

4.2.4 Width: Is ramp at least 36" wide? ☐ Yes ☐ No If No, how wide? .... ☐

4.2.5 Rest Area: Does ramp (if over 30 feet) have a 5 foot level rest area every 30 feet?
☐ Yes ☐ No ☐ NA

4.2.6 Handrail: Does ramp (if 1:12 incline) have hand rails (32" high) on at least one side?
☐ Yes ☐ No ☐ NA

ADDITIONAL INFORMATION:

SITE ______________________

5. Entrances

Entry and exit into building(s) should be convenient for ambulatory or non ambulatory persons. Each building shall have at least one (preferably more) ground level or barrier free entrance into each function or activity area.

Note: An entrance survey form should be completed for each entrance surveyed

Building: ______________________ Location: ______________________

Approach

5.1 Is this a primary entrance? ☐ Yes ☐ No

5.2 Is the entrance at ground level (without steps), ramped or graded? ☐ Yes ☐ No

If No, describe situation: ______________________

____

5.2.1 Is there a 5' x 5' level surface immediately in front of doors? ☐ Yes ☐ No

If No, describe situation: ______________________

____

____

5.2.2 If a graded approach is used, is the incline 1:20 (3 degrees) or less? ☐ Yes ☐ No ☐ NA

If No, complete Section 4., Ramps and attach.

5.3 Is the Symbol of Accessibility ♿ used to designate the entrance? ☐ Yes ☐ No

Doors

5.4 Is the entrance unlocked at all times? ☐ Yes ☐ No

If No, indicate hours open: .... ______

5.5 Does the primary entrance contain a revolving door or turnstile? ☐ Yes ☐ No

If Yes, is there another usable door at the same location? ☐ Yes ☐ No ☐ NA

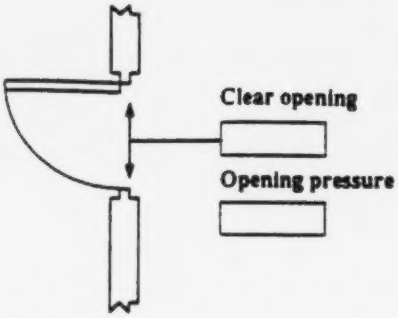
5.6 Is the clear opening width of the entrance door at least 32"? ☐ Yes ☐ No

5.6.1 Is the force (pull or push pressure) required to open the entrance door 8 pounds or less? ☐ Yes ☐ No

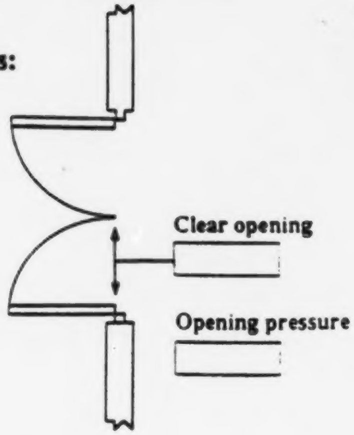
Note: Indicate specifications on illustrations on reverse side in item 5.7

5.7 Identify the type of door, dimensions, and opening pressure required by completing the appropriate illustration.

☐ **Single door:**

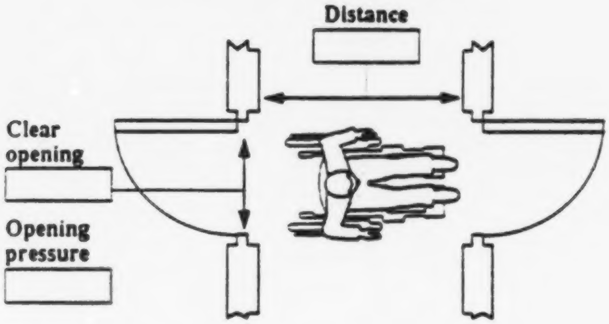

Clear opening
Opening pressure

☐ **Double doors:**

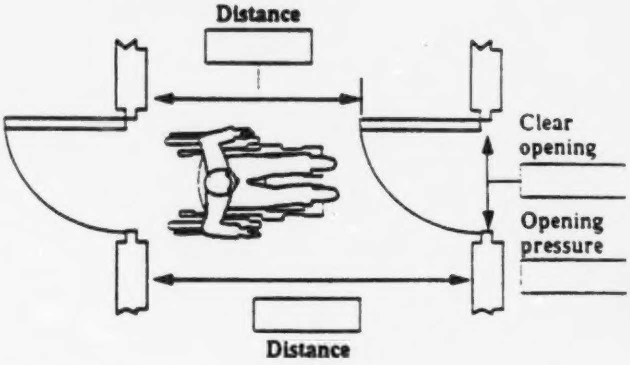

Clear opening
Opening pressure

☐ **Doors in a series (single or double):**

☐ **Opposite direction swing**


Distance
Clear opening
Opening pressure

☐ **Same direction swing**


Distance
Clear opening
Opening pressure
Distance

5.7.1 Is the height of the threshold (sill plate) 1/2" or less? ☐ Yes ☐ No

If No, indicate how high: .... ________

5.7.2 Is the door hardware (handle/latch) usable by someone with grasp or strength limitations? ☐ Yes ☐ No

If No, explain: ____

5.8 Are power assisted doors available? ☐ Yes ☐ No

If Yes, indicate location(s): ____

ADDITIONAL INFORMATION:

____

____

____

____

____

____

____

____

____

SITE ______________________

6. Interior Circulation

In considering building and facility layout and design, all essential areas should be accessible for all individuals without encountering impassable barriers or restrictions in use or requiring exiting and re-entering the building.

Building: ______________________ Number of stories: .... ______

Accessible Routes

6.1 Are there any steps or level changes between essential areas of the building not connected by permanent ramps or served by elevator? ☐ Yes ☐ No

If Yes, explain: ______________________

6.1.2 Is there an unobstructed accessible route with clear width of minimum 36" between essential areas?
☐ Yes ☐ No

If No, explain: ______________________

6.2 Is the surface texture non-slip, stable and firm? ☐ Yes ☐ No

6.2.1 Is the floor covering (carpet), if used, of close weave and a maximum thickness of 1/2"?
☐ Yes ☐ No ☐ NA

Elevators

6.3 How many elevators are available for public use? .... ______

6.3.1 Is there elevator service to all commonly used floors? ☐ Yes ☐ No ☐ NA

If No, explain: ______________________

6.4 Are the elevators self-leveling to within 1/2"? ☐ Yes ☐ No ☐ NA

6.5 Are there lighted call buttons in a reachable location between 40" - 54" above the floor? ☐ Yes ☐ No

If No, describe variation: ______________________

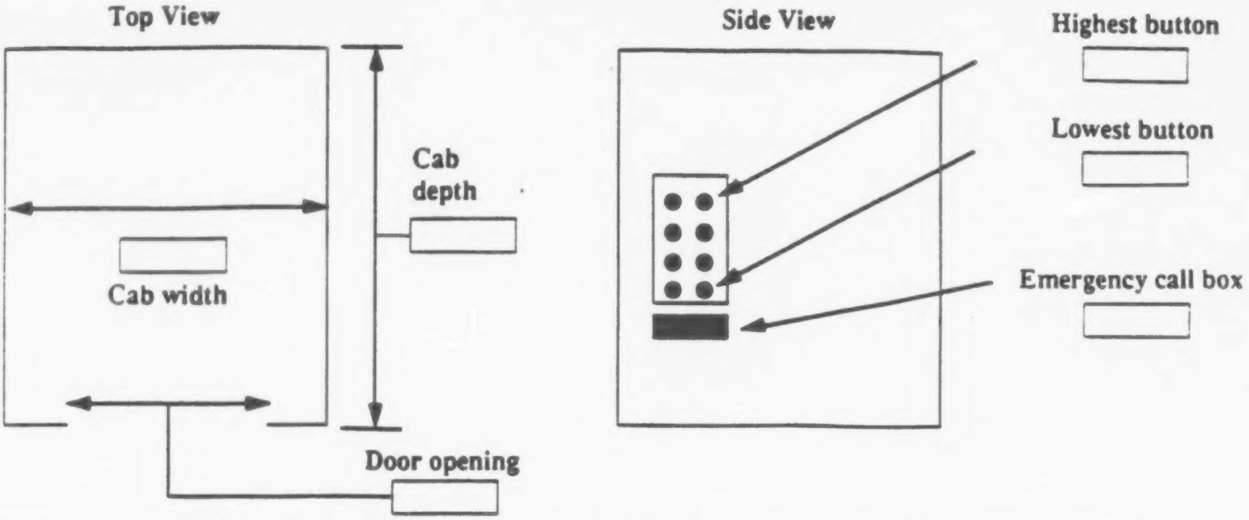
6.5.1 Is an adaptive device (wand) available to reach buttons over 54" high?
☐ Yes ☐ No ☐ NA

6.5.2 Are call buttons in the elevator designated with braille or raised numerals?
☐ Yes ☐ No ☐ NA

6.5.3 Are floors designated with braille or raised numerals on door jam?
☐ Yes ☐ No

6.5.4 Do audible signals announce elevator floor and direction?
☐ Yes ☐ No

6.6 Describe the dimensions of the elevator cab(s) and height of controls on the following diagram:



Note: Include notation of dimensions for other elevators if they differ in size or type of controls.

Doors

6.7 Are there any commonly used interior doors (not including storage guest rooms or public rest rooms) with less than 32" of clear, useable opening? ☐ Yes ☐ No

6.7.1 Does any interior door (not including guest rooms or public rest rooms) require more than eight (8) pounds pressure (pull) to open? ☐ Yes ☐ No

6.7.2 Does any interior doorway have a threshold over 1/2"? ☐ Yes ☐ No

6.7.3 If problems were noted, indicate location and describe problem:

Location	Clearance	Pressure	Other	Problem
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

6.7.4 What type of door hardware is used?:
☐ Standard (round) knob
☐ Push Bar
☐ Lever
☐ Other ______________________

6.7.5 Is this hardware consistant throughout the facility? ☐ Yes ☐ No

6.7.6 Are knurled knobs or floors strips used to provide warning of hazardous areas for persons who are bli visually impaired? ☐ Yes ☐ No ☐ NA

Stairs

SITE ______________________

6.8 Are stairs constructed with open risers which could be hazardous to individuals with visual impairments?
☐ Yes ☐ No ☐ NA

If Yes, identify and describe: ______________________

6.8.1 Are stairs provided with handrails (30-34" high) on both sides? ☐ Yes ☐ No ☐ NA

6.8.2 Do handrails extend 12" beyond the top and bottom steps? ☐ Yes ☐ No ☐ NA

6.8.3 Are stairway areas adequately lit for safe use? ☐ Yes ☐ No ☐ NA

6.8.4 Explain any additional problem areas which may exist: ______________________

Telephones

6.9 Are public telephones available for use? ☐ Yes ☐ No

Total Number: ☐ Number Accessible: ☐ Locations: ______________________

6.9.1 Is there sufficient floor space (30"x48") available for access from a wheelchair? ☐ Yes ☐ No ☐ NA

6.9.2 Is the highest operable part no more than 54" above the floor? ☐ Yes ☐ No ☐ NA

If No, what is actual height: .... ☐

6.9.3 Is there volume control available on at least one telephone? ☐ Yes ☐ No

6.9.4 Is the telephone compatible for use with hearing aids (blue grommet on cord)? ☐ Yes ☐ No

6.9.5 Is there a 110 volt outlet available in the telephone area? ☐ Yes ☐ No

9.6 Is there a shelf available to place items on? ☐ Yes ☐ No

Water Fountains

6.10 Are water fountains available for use? ☐ Yes ☐ No

Total Number: ☐ Number Accessible: ☐ Locations: ______________________

6.10.1 If water fountains are provided, is one mounted with its spout at 30"-36" from the floor? ☐ Yes ☐ No ☐ NA

If No, what is actual height? .... ☐

6.10.2 Can controls be operated by on hand? ☐ Yes ☐ No ☐ NA

6.10.3 Is there sufficient floor space available (30"x48") for access from a wheelchair? ☐ Yes ☐ No ☐ NA

6.10.4 Is a cup dispenser provided? ☐ Yes ☐ No

6.10.5 Describe any potential problems: ______________________

Signage

6.11 Is there a building directory available? ☐ Yes ☐ No
Are accessible facilities indicated? ☐ Yes ☐ No

6.11.1 Are accessible rooms and facilities identified with the International Symbol of Access? ♿ ☐ Yes ☐ N

6.11.2 Are raised or braille numerals used to indicate rooms? ☐ Yes ☐ No

6.11.3 Are existing signs in contrasting colors sufficient to be readable by persons with limited vision?
☐ Yes ☐ No ☐ NA

ADDITIONAL INFORMATION:

SITE ______________________

9. Rest Rooms

In any building used for regular or scheduled activities, an accessible public rest room for men and women shall be available convenient to each main activity areas.

Note: A separate survey form should be completed for each rest room surveyed

9.1 How many total rest rooms are available? ☐ Number accessible: ☐

9.1.1 Rest room surveyed:

Building: ______________________ Location: ______________________ Type: ☐ Men
☐ Women
☐ Unisex

9.1.2 Is this rest room specifically designed to be accessible? ☐ Yes ☐ No

9.1.3 Is the Symbol of Accessibility ♿ posted? ☐ Yes ☐ No

9.1.4 Is the rest room conveniently located adjacent to meeting, work and/or eating areas? ☐ Yes ☐ No

Entrance

9.2 Are there any obstructions restricting access to the rest room? ☐ Yes ☐ No
If Yes, describe: ______________________

9.2.1 Does entry into the rest room require a 90 or 180 degree turn? ☐ Yes ☐ No

9.2.2 In areas where turns are necessary, is the corridor at least 40" wide? ☐ Yes ☐ No ☐ NA
If No, indicate width: .... ☐

9.2.3 Is the clear opening width of the entrance door(s) 32" or wider? ☐ Yes ☐ No
If No, indicate opening: .... ☐

9.2.4 Are there doors in a series? ☐ Yes ☐ No
If Yes, indicate distance between doors: .... ☐

9.2.5 Is the force needed to open the door (push or pull pressure) 8 pounds or less? ☐ Yes ☐ No
If No, indicate force required: .... ☐

Layout

9.3 Is there at least one place in the rest room that provides a full five foot diameter open floor space? ☐ Yes ☐ No

9.3.1 Is it possible for a wheelchair user to move about and reach necessary facilities? ☐ Yes ☐ No
If No, describe problem: ______________________

9.3.2 Diagram the layout of the rest room showing entry, basic dimensions, turns required, locations and sizes of toilet stalls, lavatories, swing of doors, dispensers, etc.

Stalls/Urinals

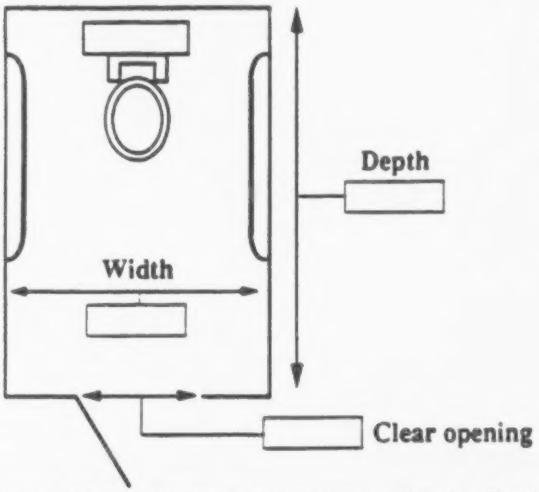
SITE ____________________________

9.4 Is there a designated stall for handicapped use? ☐ Yes ☐ No

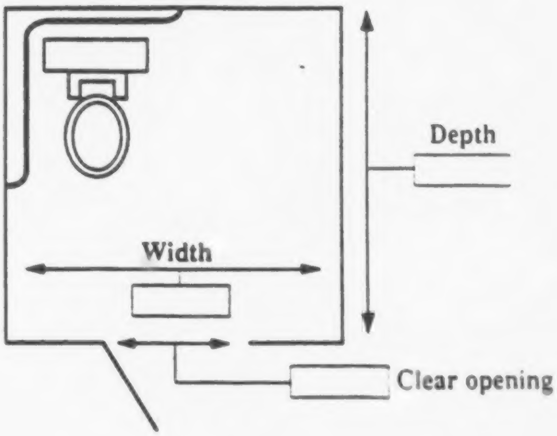
9.4.1 If Yes, are grab bars mounted 33-36" above floor in the appropriate position? ☐ Yes ☐ No
If No, describe: ____

9.4.2 Indicate the type of stall configuration and basic dimensions:

☐ **Front Transfer**



☐ **Side Transfer**



9.4.3 Is the toilet seat 17-19" above the floor? ☐ Yes ☐ No
If No, how high? .... ______

9.4.4 Is the toilet ☐ Wall mounted or ☐ Floor mounted?

9.4.5 Do any dispensers restrict access to stalls? ☐ Yes ☐ No
If Yes, describe problem: ____

9.5 Can a person in a wheelchair approach the urinal without encountering obstacles? ☐ Yes ☐ No ☐ NA

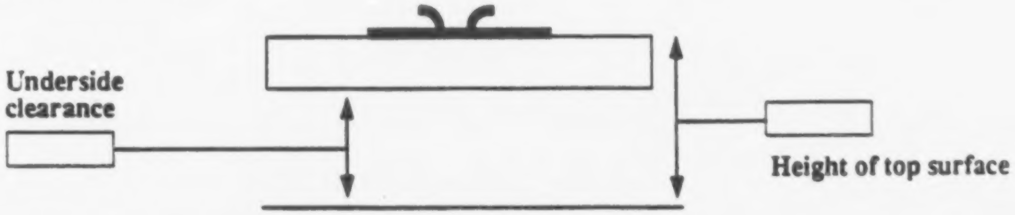
9.5.1 Is the rim height of the urinal no more than 17" above the floor? ☐ Yes ☐ No ☐ NA
If No, how high? .... ______

Lavatories

9.6 Are lavatories mounted with 27"-29" of knee clearance? ☐ Yes ☐ No

9.6.1 If lavatory is mounted on a cabinet, is it ☐ Open or ☐ Closed underneath?

9.6.2 Indicate dimensions:



9.6.3 Are faucet controls easy to reach and operate? ☐ Yes ☐ No

If No, explain: ____

9.6.3 Are faucets equipped with extended blade type handles? ☐ Yes ☐ No

9.6.4 Are exposed pipes and drains insulated to protect from burns? ☐ Yes ☐ No

9.6.5 Are soap and towel dispensers mounted no more than 48" above floor and reachable from a wheelchair? ☐ Yes ☐ No

If No, describe: ____________________

____

9.6.6 Is the mirror mounted so that the bottom is a maximum 40" from the floor? ☐ Yes ☐ No

If No, how high .... ☐

ADDITIONAL INFORMATION:

____

____

____

____

____

SITE ____________________

10. Meeting/Conference Facilities

Any scheduled meeting, exhibit or other official functions at a conference or meeting shall be held in areas which are accessible to all individuals.

Building: ______________ Location: ______________________________

General

10.1. Are all meeting and exhibit spaces on ground level or connected by elevator or ramp? ☐ Yes ☐ No

If No, which spaces are not: ______________________________

10.1.1 Are meeting and exhibit rooms located within the same building? ☐ Yes ☐ No

If No, describe any potential access issues: ______________________________

____

____

10.1.2 Is the distance between meeting rooms reasonable for individuals with mobility limitations?
☐ Yes ☐ No

If No, describe distance or access problems: ______________________________

10.1.3 Are there any steps or barriers leading into meeting rooms? ☐ Yes ☐ No

If Yes, which rooms: ______________________________

10.1.4 Do doorways leading into the meeting rooms have at least 32" clear opening? ☐ Yes ☐ No

If No, which rooms: ______________________________

10.1.5 If there is an exhibit area, is it conveniently located in relation to other meeting rooms?
☐ Yes ☐ No ☐ NA

If No, indicate distance or access problem: ______________________________

____

____

10.1.6 Are accessible rest room facilities available close to: meeting room area? ☐ Yes ☐ No ☐ NA
exhibit area? ☐ Yes ☐ No ☐ NA

If No, indicate distance or access problem: ______________________________

____

____

10.1.7 If auditorium style seating is provided, are appropriate locations reserved for wheel chair users?
☐ Yes ☐ No ☐ NA

Furniture

10.2 What type of furniture is provided? ☐ Fixed ☐ Moveable

10.2.1 Can furniture be rearranged to make the meeting areas more accessible? ☐ Yes ☐ No

10.2.2 If fixed or moveable tables are available, is the knee clearance at least 9"? ☐ Yes ☐ No ☐ NA

If No, indicate underside clearance: .... ☐

Floor Covering

10.3 What type of floor covering is used in the meeting room area?.
☐ Brick ☐ Tile ☐ Hardwood Floor ☐ Carpet ☐ Other ____________________

10.3.1 Is the exhibit area (if available) carpeted? ☐ Yes ☐ No ☐ NA

10.3.2 What type of floor covering is used in the exhibit area?
☐ Brick ☐ Tile ☐ Hardwood Floor ☐ Carpet ☐ Concrete ☐ Other ____________________

Controls

10.4 Are controls (for lighting, heating/air conditioning etc.) located between 40" - 54" high and reachable from a wheelchair (40 - 54" high)? ☐ Yes ☐ No
If No, describe problem: ____________________

10.4.1 Can the lighting be controlled separately in individual meeting areas? ☐ Yes ☐ No

10.4.2 Are built-in controls for audio-visual equipment provided? ☐ Yes ☐ No

If Yes, are they reachable from a wheelchair? ☐ Yes ☐ No

If No, describe problem: ____________________

Other

10.5 Are meeting rooms equipped with a sound system with individual microphones (traveling mikes)?
☐ Yes ☐ No

10.5.1 Are meeting rooms equipped with an assistive listening system (such as an FM loop) for individuals with hearing impairments? ☐ Yes ☐ No

10.5.2 Is spot lighting available for interpreter? ☐ Yes ☐ No

10.5.3 Are room activity directories available in each room to indicating activity/fuction? ☐ Yes ☐ No

10.5.4 Are rooms names clearly identified in contrasting colors? ☐ Yes ☐ No

10.5.5 Are rooms numbers provided in raised numerals and/or braille? ☐ Yes ☐ No

ADDITIONAL INFORMATION:

____

____

____

____

SITE ______________________________

11. Food Establishments/Lounges

Restaurant, coffee shop, cafeteria and lounge facilities shall be accessible to individuals with mobility or sensory impairments.

Note: A separate survey form should be completed for each food establishment surveyed. If the facility being surveyed is free–standing, (not part of a hotel or conference center) a survey packet should be completed.

11.1 Establishment surveyed: ______________________________ Location: ____________________

Type: ☐ full service restaurant
- ☐ coffee shop
- ☐ cafeteria
- ☐ cocktail lounge
- ☐ sports bar
- ☐ other: ______________________________

11.1.1 Is the establishment located within the main building/facility? ☐ Yes ☐ No

If No, describe location: ______________________________

11.1.2 What hours is the establishment open? .... ______

11.1.3 How many total food establishments are available? .... ______

Number accessible: .... ______

11.1.4 How many lounge/cocktail establishments are available? .... ______

Number accessible: .... ______

Entrance

11.2 Are there any steps or other barriers to the primary entrance to the establishment? ☐ Yes ☐ No

11.2.1 If Yes, is there an alternate regular public entrance which is barrier free? ☐ Yes ☐ No ☐ NA

11.2.2 If doors are used, do they meet specifications? ☐ Yes ☐ No ☐ NA
*(see **Interior Circulation, Section 6.**)*

Layout

11.3 Is there more than one level? ☐ Yes ☐ No

11.3.1 If Yes, are the levels connected by ramp or elevator? ☐ Yes ☐ No ☐ NA

11.3.2 If Yes, do these meet specifications? ☐ Yes ☐ No
(see Ramps, Section 4. or Interior Circulation, Section 6.)

11.3.3 If multi–levels are used, is there wheelchair access to regular seating? ☐ Yes ☐ No ☐ NA

11.3.4 If No, approximately what percentage of seating is accessible for wheelchair users? .... ______

11.3.5 Is there a salad/food bar? ☐ Yes ☐ No

11.3.6 If Yes, can the bar be reached by wheelchair users (36" wide clearance and 30–36" height)?
☐ Yes ☐ No ☐ NA

11.3.7 If No, describe problem: ______________________________

11.3.8 Are food/beverage vending machines used? ☐ Yes ☐ No

11.3.9 If Yes, can wheelchair users operate these? ☐ Yes ☐ No ☐ NA

Seating

11.4 What type of seating is available? ☐ Moveable ☐ Fixed

11.4.1 Do tables have 27–29" underside clearance? ☐ Yes ☐ No

11.4.2 If No, describe situation: ______________________________

11.4.3 Is there clear route (minimum 36") between chairs? ☐ Yes ☐ No

11.4.4 If fixed seating is used, is wheelchair access (30"x48") to tables possible? ☐ Yes ☐ No ☐ NA

Service

11.4 Is there a host/hostess available for seating and assistance? ☐ Yes ☐ No

11.4.1 Is table service available? ☐ Yes ☐ No

11.4.2 Is a braille menu available? ☐ Yes ☐ No

11.4.3 Are the staff willing to make accommodations for individuals with special needs? ☐ Yes ☐ No

Rest Room

11.5 Are rest rooms available in the food/lounge area? ☐ Yes ☐ No

11.5.1 If Yes, do these meet accessibility specifications? ☐ Yes ☐ No *(see Rest Rooms, Section 9.)*

11.5.2 If No, describe location of nearest accessible rest rooms: ______________________________

ADDITIONAL INFORMATION:

SITE

12. Guest Rooms (general)

Descriptions of standard guest rooms are needed to determine if any of these could be modified to accommodate some individuals with disabilities.

Note: Current codes in most states require that 5% of guest rooms be made totally accessible. The 2% is only used as a minimum requirement for older existing facilities. It should be emphasized that all facilities will be expected to conform to 5% within the foreseeable future.

12.1.How many total number of guest rooms are there? ....

12.1.1. How many guest rooms are specifically designed for persons with disabilities (wider doors, grab bars, lowered fixtures, etc.)? ....

12.1.2 Are at least 5% of the guest rooms designed for handicapped use? ☐ Yes ☐ No ☐ NA

12.1.3 Are all standard guest rooms laid out with the same floor plan? ☐ Yes ☐ No

If No, identify which rooms have the largest, most open layout:

12.1.4 Can guest rooms be assigned adjacent to the lobby or elevator? ☐ Yes ☐ No ☐ NA

12.2 Are there audible and visual warning alarms in each room? ☐ Yes ☐ No

12.3 What is the doorway clear opening to the majority of the general guest rooms? ....

12.3.1 What is the doorway clear opening width to the bathroom in the majority of the general guest rooms? ....

12.3.2 Does the door swing ☐ into or ☐ out of the bathroom?

ADDITIONAL COMMENTS:

(See 12.4 on back to illustrate room layout)

12.4 Diagram the floor plan layout of the typical guest room indicating placement of furniture, bathroom arrangement, etc. including basic dimensions:

SITE ____________________

13. Accessible Guest Rooms

Conferences and meetings that are held in hotel or conference facilities involving overnight accommodations shall provide guest rooms which are accessible to individuals with mobility, sensory or other disabling conditions.

Note: Complete this form for each accessible guest room floor plan.

General Information *Room # Surveyed* ____________

13.1. What is the total number of accessible guest rooms available ? .... ☐

13.1.1 How many accessible guest rooms are there with this floor plan ? .... ☐

Doorways/Entry

13.2 Is the clear opening width of the entrance door at least 32" ? ☐ Yes ☐ No

If No, what is the width? .... ☐

13.2.1 Is the door hardware and key system usable by individuals with dexterity/grasp limitations ? ☐ Yes ☐ No

If No, describe problem: ____________________

13.2.2 Is the door lock/security bolt no more than 54" high ? ☐ Yes ☐ No

If No, indicate height: .... ☐

13.2.3 Is the entry passageway at least 40" wide ? ☐ Yes ☐ No

If No, indicate width: .... ☐

Room Layout

13.3 Does the guest room allow sufficient turning space (5'0" diameter preferred) for a wheelchair to move about? ☐ Yes ☐ No

If No, describe: ____________________

13.3.1 Does any furniture block access to any switches or controls ? ☐ Yes ☐ No ☐ NA

If Yes, describe: ____________________

13.3.2 What type of beds are provided?
☐ Single
☐ Double
☐ Queen or King

13.3.3 In double bed rooms, are the beds between 30 - 36" apart ? ☐ Yes ☐ No ☐ NA

If No, indicate distance: .... ☐

13.3.4 Does the closet have a rack between 40" - 60" high ? ☐ Yes ☐ No

If No, describe: ______________________________

____

13.3.5 Draw a top view diagram of the guest room including a detailed description of the bathroom. Show dimensions of the room areas, location of switches/controls, fixtures (tub, toilet stool and grab bars, sink, door, etc.) and space between furniture and fixtures.

Telephone

SITE

13.4 Is the telephone located next to the bed(s) ? ☐ Yes ☐ No

13.4.1 Is the telephone easily reached by someone in a wheelchair ? ☐ Yes ☐ No

13.4.2 Is the telephone equipped with volume control/amplification for hearing impaired individuals ? ☐ Yes ☐ No

13.4.3 Is there a visual flasher to indicate incoming calls ? ☐ Yes ☐ No

Lighting/Controls

13.5 Are switches/controls for the following items easily reached by someone in a wheelchair (40" to 54" high) ? ☐ Yes ☐ No

13.5.1 If No, indicate problem:

				Problem
Air conditioner	☐ Yes	☐ No	☐ NA	
Heat Control	☐ Yes	☐ No	☐ NA	
Light switch	☐ Yes	☐ No	☐ NA	
Television	☐ Yes	☐ No	☐ NA	
Door lock	☐ Yes	☐ No	☐ NA	
Coat rack	☐ Yes	☐ No	☐ NA	
Maid call	☐ Yes	☐ No	☐ NA	
Other				

13.5.2 Is the room equipped with an audible and visual alarm system? ☐ Yes ☐ No

Bathroom

13.6 Is the clear opening width into the bathroom at least 30" wide ? ☐ Yes ☐ No

If No, indicate width: ....

13.6.1 Does the door swing out ? ☐ Yes ☐ No

If No, can the door be closed with a wheelchair in the bathroom? Yes ☐ No

13.6.2 Does the bathroom have sufficient floor space (44" - 66" minimum) for a person in a wheelchair to reach all facilities? ☐ Yes ☐ No ☐ NA

13.6.3 Is it possible to transfer to the toilet and bath tub/shower from a wheelchair ? ☐ Yes ☐ No

If No, describe problem: ______

13.6.4 Are there grab bars positioned appropriately for the toilet? ☐ Yes ☐ No

If No, indicate situation: ______

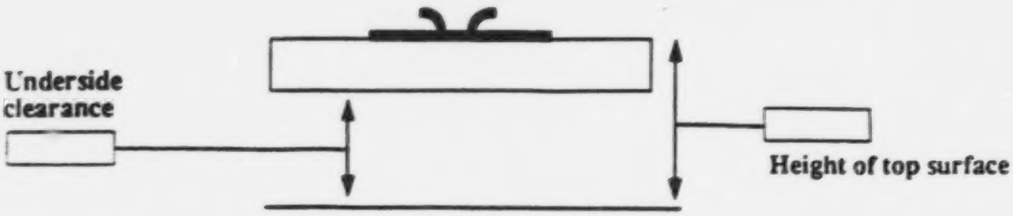
13.6.5 Do grab bars restrict approach to tub, toilet or lavatory ? ☐ Yes ☐ No

If Yes, describe problem: ______

13.7 Are lavatories mounted with 27"-29" of knee clearance? ☐ Yes ☐ No

13.7.1 If lavatory is mounted on a cabinet, is it ☐ Open or ☐ Closed underneath?

13.7.2 Indicate dimensions:



If No, describe: ____

____

13.7.3 Are exposed pipes insulated to protect from burns? ☐ Yes ☐ No

13.7.4 Is all faucet hardware of the single handle or "blade" type design? ☐ Yes ☐ No

Showers/Tub

13.8 Does the bathroom have a roll-in shower ? ☐ Yes ☐ No

If Yes, does the shower have grab bars and a transfer bench/seat ? ☐ Yes ☐ No

If Yes, is there a raised edge which prevents rolling into shower? ☐ Yes ☐ No ☐ NA

13.8.1 If a standard tub is used, does it have a curtain (no sliding doors) ? ☐ Yes ☐ No

13.8.2 Does the tub/shower have grab bars located in appropriate positions for transfering ? ☐ Yes ☐ No

If No, describe: ____

____

13.8.3 Are the faucet levers easy to operate ? ☐ Yes ☐ No

If No, describe: ____

____

13.8.4 Is a detachable, hand held shower head available ? ☐ Yes ☐ No

13.8.5 Is the towel rack mounted between 40" and 60" high and reachable from a wheelchair? ☐ Yes ☐ No

If No, describe problem: ____

____

ADDITIONAL INFORMATION:

____

____

____

____

____

SITE ______________________________

15. Additional Factors

Management of the facility should be willing to provide reasonable accommodation to meet the special needs of individuals with disabilities. Determining accessibility should consider the awareness level and attitude of management and availability of support services such as public transportation, paratransit services, food service and recreational facilities.

Management/Staff Attitude

15.1 Is the management willing to make minor modifications such as reversing doors, removing molding, re-arranging furniture, ramping of speaker's platform, etc? ☐ Yes ☐ No

If No, explain: ______________________________

15.1.1 If other modifications are necessary, is the management willing to consider making permanent changes? (Such as installing a ramp, making a curb cut, changing faucet hardware or replacing doors) ☐ Yes ☐ No

15.1.2 Is the management willing to provide assistance to individuals when necessary? ☐ Yes ☐ No

Transportation

15.2 Is the facility served by public transportation? ☐ Yes ☐ No

If Yes, explain:	**Type**		**Accessible**	
Cab	☐ Yes	☐ No	☐ Yes	☐ No
Bus	☐ Yes	☐ No	☐ Yes	☐ No
Paratransit	☐ Yes	☐ No	☐ Yes	☐ No
Train	☐ Yes	☐ No	☐ Yes	☐ No
Subway/Light rail	☐ Yes	☐ No	☐ Yes	☐ No
Other: ____________	☐ Yes	☐ No	☐ Yes	☐ No

15.2.1 Is there transportation available directly to the airport? ☐ Yes ☐ No
If Yes, is it accessible? ☐ Yes ☐ No

Communication/Warning Systems

15.3 Is the facility equipped with a telephone device (TDD) for communication with deaf individuals? ☐ Yes ☐ No

15.3.1 Is an emergency warning system available for deaf/hearing impaired individuals? ☐ Yes ☐ No

ADDITIONAL INFORMATION:

Appendix 2

Evaluation Forms

Included in this Appendix:

- ✓ Consumer Evaluation
- ✓ Trainer/Service Provider Evaluations
- ✓ Self EvaluationForm
- ✓ Follow-up Form

PROJECT REACHING OUT:

CONSUMER EVALUATION

It is very important to us that we know how we did in developing and presenting this program. Please take a few minutes to tell us what you liked and what could be made better.

Please tell us your opinions by marking on the continuum for each question below and responding to the short questions that follow.

The information in this program was:
Easy to understand..Hard to Understand
4 3 2 1

I understand assistive technology better than I did before attending this program.
Very much...Not at all
4 3 2 1

The information in this program was:
Extremely Helpful..Not Helpful
4 3 2 1

I understand what assistive technology is more than I did before attending this program:
Much More...Not at All
4 3 2 1

Having come to this program, I will benefit:
Very Much...Very Little
4 3 2 1

The part I liked best was.......

The part I would change is ....

Is there information would you like to see added to the program?

If you have a disability and requested accommodations, were they made to your satisfaction?

How did you get to the program today? (For example, drove myself, bus, ride from family.)

Was the location for the program accessible? The hotel, the meeting room? Easy to get to? Any experience you would like to share?

Was the time (4 hours) allotted for the program adequate? Would you like it shortened or made longer?

Do you feel a need for more information about assistive technology? Yes___ No____

Tell us how you believe you may benefit...

Overall, I think this program was:

Excellent.....	.....	.....	.....Poor
4	3	2	1

Thank *you* very much !

Project Reaching Out Training Workshop

PARTICIPANT COMPETENCIES FOR TRAINERS AND SERVICE PROVIDERS

LOCATION OF TRAINING & DATE:______________________________________

Before training begins, in the first, or "before Training" column, circle the number that represents your knowledge level before the training. (#1 is the lowest, #4 is the highest.) After training, please review your answers. In the last, or "after training" column, circle the number that represents your level of knowledge after receiving the training.

TOPIC	Before Training	After Training
1. I am aware of my own cultural heritage.	1 2 3 4	1 2 3 4
2. I am aware of my feelings and beliefs about persons from various cultural groups.	1 2 3 4	1 2 3 4
3. I have knowledge of some differences between cultures.	1 2 3 4	1 2 3 4
4. I am aware of the barriers to effective cross-cultural communication.	1 2 3 4	1 2 3 4
5. I am knowledgeable of effective cross-cultural communication techniques.	1 2 3 4	1 2 3 4
6. I can provide a good definition of what assistive technology includes.	1 2 3 4	1 2 3 4
7. I have a good understanding of the types of assistance that technology can provide.	1 2 3 4	1 2 3 4
8. I understand where and under what circumstances assistive technology may be helpful.	1 2 3 4	1 2 3 4
9. I am aware of the laws that require that accessibility be provided for people with various disabilities.	1 2 3 4	1 2 3 4
10. I am aware of my state assistive technology program and the services it offers.	1 2 3 4	1 2 3 4
11. I am aware of two situations where persons are entitled to receive assistive technology at no cost.	1 2 3 4	1 2 3 4
12. I can name two possible ways to obtain assistance in paying for technology.	1 2 3 4	1 2 3 4

PROJECT REACHING OUT

Train the Trainer Evaluation Form

Location:____ **Date:**______________

Please complete this evaluation form. Your input aids us in making our to make our training program as effective as possible. Where there is an open ended question, please answer thoughtfully. Where there is a rating question regarding this program, please use the four point scale that follows:

4 = Very 3 = Somewhat 2 = Marginally 1 = Not at all NA = Not applicable

Objectives: How effective was this program in:

1. Responding to issues of importance to you	4	3	2	1
2. Providing constructive strategies to resolve these issues	4	3	2	1
3. Extending your resources	4	3	2	1
4. Providing information to do your job better	4	3	2	1
5. Providing information to help you help others	4	3	2	1

Impact:

How likely is it that this program increased your **awareness** level?
4 3 2 1

If very or somewhat, can you give an example?

____

____

How likely is it that this session increased your **skill** level?
4 3 2 1

If very or somewhat, can you give an example?

____

____

In what ways do you think you will benefit from this program?

____

____

How likely is it that the trainer created an environment that encouraged interaction and questions?

4 3 2 1

Programmatic:

What did you not like about the program?

____

____

What did you like about the program?

____

____

If you were to add information to this program, what would it be?

____

____

What suggestions do you have for future programs?

____

____

Access:

How satisfied were you with accessibility (building, meeting room, on-site assistance, etc.? 4 3 2 1 N/A

The accommodations for this program were:

____

____

Additional Comments:

Participant's Self Evaluation Form

Location: ____ Date: ________________________

Please provide two (2) barriers to cross-cultural communication: __________________________

Please provide two ways to break down these barriers: ______________________________________

List two areas of possible cross-cultural misinterpretation: ______________________________

List two ways to get the word out to underserved populations: ____________________________

What is **the most effective way** to reach underserved populations?: ____________________

Circle those modules used in a **training of trainers**.

Cultural Sensitivity
Marketing Technology Training
Introduction to Assistive Technology
Benefits and Uses of Assistive Technology
Legislation
Funding and Advocacy

Circle those modules used in a **training of consumers**.

Cultural Sensitivity
Marketing Technology Training
Introduction to Assistive Technology
Benefits and Uses of Assistive Technology
Legislation
Funding and Advocacy

Circle the modules used to **train service providers**.

Cultural Sensitivity
Marketing Technology Training
Introduction to Assistive Technology
Benefits and Uses of Assistive Technology
Legislation
Funding and Advocacy

What is required for the Benefits and Uses of Assistive Technology module? (List)

____

____

What is required for the "Tech Act" module?____________________

____

____

What materials should consumers leave with at the end of this training program?__________

____

What materials should trainers leave with at the end of this program?______________

____

What materials should service providers leave with at the end of this program?__________

____

I should increase or decrease the level of information presented depending on the audience. yes__ no__

I should supplement these training materials with more information and/or exercises as they become available. yes__ no__

Please add comments here:______________________________

____

____

____

____

FOLLOW-UP TO THE PROGRAM

We want to follow up with people who attended this program. Would you be willing talk with us in about three to six months regarding this programs?

YES ____ NO ____

If YES, please give us your name and address, and phone number, and your preferred method for us to contact you and best format. For example, "Telephone call between 9 a.m. and 11 a.m. weekdays." or "Send me something in the mail and make it in large print."

Name: ______________________________

Address: ______________________________

____

Phone: ______________________________

Format: ______________________________

If you would like more information about something, please tell us here.

____

____

____

____

Appendix 3

Sample Participant's Manual

PROJECT REACHING OUT:

Technology Training Program

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆

Information Resources

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆

Sponsored By:

RESNA
1101 Connecticut Avenue, N.W.
Suite 700
Washington, D.C. 20036

January 23, 1993

RESNA

National Office: Suite 700, 1101 Connecticut Avenue, N.W., Washington, D.C. 20036
202/857-1199, Fax: 202/223-4579
Canadian mailing address: P.O. Box 969, Etobicoke Station U
Etobicoke, Ontario M8Z 5P9, Canada

Dear Participant:

This participant manual was developed in conjunction with the training program on assistive technology to provide you with information on local and national resources for persons with disabilities.

This manual includes:

Assistive Technology Information
Information Resources
Subsidy and Loan Availability
Mail Order Catalogs
U.S. Department of Education Policy
  Statements and Directives [Trainers - use Appendix 6]
Program Notes

We hope you find this training program and manual to be both informative and beneficial. Please share this information with any family members or friends that you think would benefit from it.

Best Wishes,

The Staff of
Project Reaching Out

Assistive Technology Information

Assistive Technology Information

The Virginia Assistive Technology System:

The Virginia Assistive Technology System, otherwise known as VATS, exists in order to assist all Virginians to know about and have access to assistive technology devices and services. The staff of VATS has developed many ways in which to work with Virginians with disabilities, including:

- A computer database which contains information on hundreds of assistive technology devices for many different needs. Call and tell them what problem you must solve-they will look up possible assistive technology solutions!
- Help in advocating and protecting the rights of Virginians who need assistive technolgy devices and services.
- A place to report problems and/or barriers in receiving assistive technology.
- Assist in the employability of Virginians with disabilities.
- Regional offices for easier accessibility.

Contact:

Mike Snapp
Virginia Assistive Technology System
Department of Rehabilitative Services
4900 Fitzhugh Avenue
Richmond, Virginia 23230
Toll Free # 1-(800)-552-5019 (Voice/TDD)
Voice/TDD # (804) 367-2445

Regional Virginia Assistive Technology System Offices:

In order to make assistive technology resources more accessible to all Virginians, VATS established four Assistive Technology Resource Consortia (ATRC's). Located in Northern, Southwestern, Southeastern, and Central Virginia, the ATRC's carry out many of the same functions as VATS' project staff: Training , Public Awareness, Information and Referral, in addition to facilitating technology demonstration opportunities and responding to their respective regions' specific needs. Each ATRC is comprised of a number of organizations involved with assistive technology and disability.

Southeastern Region:
Ms. Susan Mesland
Director
Assistive Technology Resource Consortium of Southeastern Virginia
C/O College of Education, Room 137
Old Dominion University
Norfolk, VA 23529
(804) 683-5436 or 683-3164

Northern Region:
Dr. Michael M. Berhmann and
Ms. Martha K. Glennen
Co-Directors
Assistive Technology Resource Consortium of Northern Virginia
C/O Center for Human disAbilities/Project WORD
George Mason University
4400 Universtiy Drive
Fairfax, VA 22030-4444
(800) 333-7958 or (703) 993-3666

Central Region:
Stephen Sprigle, Ph.D.
Project Coordinator
Central Virginia Assistive Technology Resource Consortium
C/O RVA Rehabilitation Engineering Center
P.O. Box 1885
University Station
Charlottesville, VA 22903
(804)924-9010

Southwest Region:
Ms. Diane Huss
Project Director
Southwest Virginia Assistive Technology Resource Consortium
C/O Physical Therapy Department
Woodrow Wilson Rehabilitation Center
Fisherville, VA 22939
(703) 332-7228 or
(800) 332-9972 x7228

What Do I Say When I Call?

Many persons feel uncomfortable calling an agency to ask for information. They are not sure what to say and who to ask for. If you are interested in calling the agencies listed, and want an idea of what to say, the following may be helpful. Example:

> Hello, my name is ____ and I have a spinal cord injury (I am blind, etc.). I am interested in finding out about any assistive technology that could help me (or someone else) drive (or read, write, use a phone etc).

Calling If You Are Deaf Or Hearing Impaired:

If you are deaf or hearing impaired the state of Virginia offers a relay station available through your regular telephone service. To access this service you call the relay station and give them the number of the party you wish to speak with. They will read your TDD message and wait for a reply which they will then relay right back to you. If you are not hearing impaired and do not have a TDD but wish to speak to someone who is, the relay station will also translate your message to a person with a TDD.

The Virginia Relay Station numbers are:

1-(800)-828-1140 (Voice)
1-(800)-828-1120 (TDD)

Information Resources

Information Resources

This section contains a list of information resources. Each listing includes a summary of services or information available, eligibility requirements, costs, and contact information. The resources include: Personal Advocacy, Advocacy through Independent Living Centers, Advocacy for Persons with Mental Disabilities, Advocacy for Persons with Hearing Impairments, Advocacy for Persons with Visual Impairments, Special Education, State Library for the Visually and Physically Handicapped, Telecommunications Assistance Program, Interpreter Services, Rehabilitation Services, and the Rehabilitation Center for the Blind.

Personal Advocacy:

Advocacy, including legal aid, is provided for persons with disabilities who are having problems getting services or exercising their rights.

Who is Eligible?

Issues may involve a person's dispute with agencies or organizations on employment, education, rehabilitation, transportation, housing, architectural accessibility, or financial assistance. The issue must be related to a disability.

Payment:

Service provided is free.

Contact:

Contact the Intake Coordinator of the Department of Rights of Virginians with Disabilities at:
Department for Rights of Virginians with Disabilities
101 North 14th Street, 17th Floor
Richmond, VA 23219
Toll Free 1-800-552-3962 Voice/TDD
or (804) 225-2042

Programs at the Department of Rights of Virginians with Disabilities:

Protection and Advocacy for the Mentally Ill - Work on advocacy issues for the mentally ill, help with job descrimination, special education needs, and issues related to the Americans With Disabilities Act.

Protection and Advocacy for the Developmentally Disabled - Work on advocacy issues for the developmentally disabled, help with job discrimination issues, and work on issues related to the Americans With Disabilities Act.

Client Assistance Program - Assists persons with disabilities who are not satisfied with the services they have received from rehabilitation services.

Department of Rights of Virginians with Disabilities Regional Offices:

Fisherville Office: (703) 332-7130
Department for Rights of Virginians with Disabilities
WWRC (Woodrow Willson Rehabilitation Center)
Box W-7513
Fisherville, VA 22939-0100

Marian Office: (703) 783-4941
Department for Rights of Virginians with Disabilities
1021 Terrace Place
Marian, VA 24354

Northern Virginia Office: (703) 536-7802
Department for Rights of Virginians with Disabilities
100 North Washington Street, Suite 231
Falls Church, VA 22046

Roanoke Office: (703) 982-2922
Department for Rights of Virginians with Disabilities
502 Campbell Avenue, SW
Roanoke, VA 24016

Virginia Beach Office:
Department for Rights of Virginians with Disabilities
Pembroke 3
Suite 228
Virginia Beach, VA 23462
(804) 552-1866

Advocacy Through Independent Living Centers

Advocacy which helps persons with disabilities get needed support services from other agencies in the community, also community advocacy which includes efforts to make changes in the community which will help all persons with disabilities to live more independently are available through centers for independent living. Independent Living Centers can assist in purchasing assitive technology for all ages under Title 7, Part A, of the Rehabilitation Act.

Who is Eligible?

Advocacy is provided to persons with a disability who need these services in order to live independently.

Payment:

This service is free of charge

Contact:

To obtain service, contact a center for independent living in your area.

Central Virginia Center, Inc.
2900 West Broad Street
Richmond, VA 23230
Phone (804)-353-6503

Junction Center
Big Stone Gap, VA 24219
Phone (703)-523-1797

Endependence Center, Inc.
Janif Office Building, #601
Norfolk, VA 23502
Phone (804)-461-8007

Center for Independence
for the Disabled, Inc.
1502 D Williamson Road, N.W.
Roanoke, VA 24012
Phone (703)-342-1231

Independence Resource Center
201 W. Main Street
Charlottesville, VA 22901
Phone (804)-971-9629

Shenandoah Valley Center
312 W. Cork Street
Winchester, VA 22601
Phone (703)-662-4452

Woodrow Wilson
Rehabilitation Center
Box 37
Fishersville, VA 22939
(703)-332-7102

Peninsula Center
Riverdale Shopping Center
2021-B Cunningham Drive
Hampton, VA 23666
Phone (804)-827-0275

Endependence Center
211 Wilson Blvd, #400
Arlington, VA 22201
Phone (703)-525-3462

Appalachian Center, Inc.
230 Charwood Drive
Abingdon, VA 24210
Phone (703)-628-2979

Advocacy for Persons with Mental Disabilities

Advocacy services on human rights issues is provided for persons who receive mental health, mental retardation, and substance abuse services. Please see page 4 for information on protection and advocacy for persons with mental illness.

Payment:

This service is free of charge.

Contact:

Contact the local advocate at the community Service Board or state facility operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

Office of Human Rights
Department of Mental Health, Mental
Retardation, and Substance Abuse Services
P.O. Box 1797
Richmond, VA 23214
Phone (804)-786-3988 or (804)-371-8977/TDD

Street Address: 109 Governor Street
Richmond, VA 23219

Advocacy for Persons with Hearing Impairments

Training and help in self-advocacy is provided for persons with hearing impairments, their families and interested individuals. They also provide interpreter services and outreach sercvices, and offer telephone equipment at low cost.

Who is Eligible?

This service is provided to all persons who need it.

Contact:

Contact the Department for the Deaf and Hard of Hearing by mail or telephone or contact the Regional Outreach Specialist.

Outreach Programs Coordinator
Virginia Department for the Deaf
and Hard of Hearing
101 N. 14th Street
Richmond, VA 23219
(804)-225-2570 Voice/TDD
Toll Free 1-800-552-7917 Voice/TDD

Advocacy for Persons with Visual Impairments

Individual and community advocacy is provided. Staff meet with school personnel, community service agency staff, employment program staff, and others to explain the unique needs of persons with visual impairments and to advocate for appropriate services in order that all visually impaired persons might reach their maximum level of independence. Services included are: Low Vision Services, Library Services, Program for Infants, Children, and Youth (PICY), Rehabilitation Teaching (RT)/Independent Living (IL), Vocational Rehabilitation (VR), and Virginia Rehabilitation Center for the Blind (VRCB).

Who is Eligible?

This service is available to persons with a visual disability or who have a combined loss of vision and hearing.

Payment:

This service is free of charge.

Contact:

Services are available statewide. Contact one of the regional offices of the Virginia Department for the Visually Handicapped in Alexandria, Bristol, Norfolk, or Waynesboro.

Department for the Visually
Handicapped
Carol Koger
397 Azalea Avenue
Richmond, VA 23227
(804)-371-3326/3140 Voice/TDD
Toll Free 1-800 622-2155 voice/TDD

Fairfax Regional Office
11150 Main Street
Suite 502
Fairfax, VA 22030
(703) 359-1100 Voice/TDD

Bristol Regional Office
111 Commonwealth Avenue
Bristol, VA 24201
(703) 669-0114 Voice /TDD

Virginia Industries for the Blind
1535 High Street
P.O. Box 27563
Richmond, VA 23261
(804) 786-2056

Norfolk Regional Office
Holiday Inn
Waterside Downtown
700 Monticello Avenue, Suite 403
Norfolk, VA 23510
(803) 624-8004 Voice/TDD

Richmond Regional Office
Suite 300
4915 Radford Avenue
Richmond, VA 23510
(804) 367-0030 Voice/TDD

Roanoke Regional Office
Room B-50
210 Church Avenue, SW
Roanoke, VA 24011
(703) 982-7122 Voice/TDD

Waynesboro Regional Office
1320-R Ohio Street
Waynesboro, VA 22980
(703) 949-6178 Voice/TDD

Virginia Rehabilitation Center
For the Blind
401 Azalea Avenue
Richmond, VA 23227-3697
(804) 371-3151 Voice/TDD

Instructional Materials &
Resource Center
1901 Roane Street
Richmond, VA 23222-4898
(804) 786-8016

Virginia Industries for the Blind
1102 Monticello Road
P.O. Box 259
Charlottesville, VA 22902
(804) 295-5168

Special Education

Specially designed instruction to meet the unique needs of students with disabilities. Services include classroom instruction, instruction in physical education, home instruction and instruction in hospitals and institutions. Related services required top help the student benefit from special education are also provided.

Who is Eligible?

Education services are provided free.

Contact:

Contact the area supervisor of special education in your local school division or the state director of special education (get this number from school secretary).

Local School Division or Department of Education
P.O. Box 6Q
Richmond, VA 23216-2060
Toll Free 1-800-422-2083
Toll Free 1-800-422-1098 TDD

State Library for the Visually and Physically Handicapped

Public library materials are available on disc, cassette, in braille, or large print to persons with visual, physical or learning disabilities through the Department of the Visually Handicapped.

Who is Eligible?

Every person who applies for Library Service must provide written certification from a physician of his/her inability to read or use standard printed materials because of one or more of the following reasons: Blindness, visual impairment, physical disability, reading disability, or deaf-blindness. Assistive technology devices and services offered include long term loan of tape players, headphones, switches, and other adaptive equipment.

Payment:

This service is free of charge.

Contact:

Virginia State Library for the Visually and Physically Handicapped
1901 Roane Street
Richmond, VA 23222
(804) 786-8863 Voice/TDD
Toll Free 1-800-552-7015 Voice/TDD

Telecommunications Assistance Program

The Telecommunications Assistance Program Provides telecommunications devices (TDD'S) and other equipment for the deaf.

Who is Eligible?

Specific eligibility requirements.

Payment:

Fees may be charged in the Telecommunications Assistance Program based on income eligibility. Maximum applicant contribution is $75.

Contact:

Telecommunications Program Coordinator
Virginia Department for the Deaf and Hard of Hearing
James Monroe Building, 7th Floor
101 N. 14th Street
Richmond, VA 23219
(804) 225-2570

Interpreter Services

Qualified sign language and interpreter services are provided through the Interpreter Service Program.

Who is Eligible?

Most services are available to all persons with a hearing impairment.

Contact:

Outreach Program Coordinator, or Interpreter Services Coordinator
Virginia Department for the Deaf and Hard of Hearing
James Monroe Building, 7th Floor
101 N. 14th Street
Richmond, VA 23219
(804) 225-2570 voice/TDD
Toll Free 1-800-552-4464 Voice/TDD

Rehabilitation Services

Many different services are provided to eligible clients to help them get ready for and enter employment. Services include counseling and guidance, evaluation of work capacities, training, and medical services, job placement and assistance to the employee and employer during adjustment to the new job. Some of the assistive technology services and devices offered include: Assistance with driving, adapted driving aids, wheelchair selection, equipment demonstration and trial, training in use of equipment, equipment for work and daily living.

Who is Eligible?

Eligible clients have a mental or physical disability which interferes with employment. There must be reasonable expectations that services will benefit the person in the area of employment.

Contact:

The Department of Rehabilitative Services
P.O. Box 1104
4901 Fitzhugh Avenue
Richmond, VA 23230
Toll Free: 1-800-552- 5019 Voice/TDD
or: (804) 367-0316

Rehabilitation Centers in Virginia

Rehabilitation Center for the Blind

Services such as work evaluation, job exploration and job preparation programs, trial work programs, and vending stand evaluations are provided to young adults and adults with severe visual impairments to assist them in achieving greater independence, confidence and safety.

Who is Eligible:

This service is available to persons 14 years of age and older who are legally blind or have a progressive eye condition which leads to legal blindness.

Contact:

Contact one of the six regional offices of the Department for the Visually Handicapped, or contact:

Virginia Rehabilitation Center for the Blind
401 Azalea Avenue
Richmond, VA 23227
Phone (804)-371-3326
Toll Free 1-800-622-2155 Voice/TDD

Woodrow Wilson Rehabilitation Center

This is a state run vocational training center for individuals with physical and mental disabilities. They provide vocational evaluation and training, and full comprehensive medical rehabilitation.

Who is Eligible:

All adults with physical or mental disabilities.

Contact:

Al Leichter
Woodrow Wilson Rehabilitation Center
Fisherville, VA 22939
(703) 332-7149

Subsidy and Loan Availability

Organizations which subsidize through discounts on products, money loans, or grants for adaptive equipment

Mr. Robert E. Johnson
Opportunities for the Blind
P.O. Box 510
Leonardtown, MD 20650
(301) 862-1990
Grants to aid in employment. They include adaptive equipment, training, self-employment projects, and job-related services.

Mr. David E. Weddle
Foundation for the Advancement of the Blind, Inc.
4058 Moore Street
Los Angeles, CA 90066
(310) 301-0344
Grants for purchase of assistive technology devices.

Ms. Sheron Rice
Special Projects Administrator
American Foundation for the Blind
15 West 16th Street
New York, NY 10011
(212) 620-2117
Low interest loans, plus a discount for Kurzweil Personal Reader.

Ms. Jane Hamel
Digital Equipment Corporation/DECtalk Grant Program
111 Powdermill Road
Maynard, MA 01754-2571
(508) 493-6550
Give grants to individuals and organizations for adaptive equipment.

National Federation of the Blind
Attn: Mr. Curtis Chong
3530 Dupont Avenue, North
Minneapolis, MN 55412
(612) 521-3202
Low interest loans for technology related equipment.

Mail Order Catalogs

Mail Order Catalogs

This section lists various mail order catalogs, including their various specialties, and mailing addresses.

Specialty: Toys and adaptive equipment for children, teenagers and adults
Steven Kanor, Ph.D Inc.
385 Warburton Avenue
Hasting-on-the-Hudson, NY 10706
Catalog: Toys for Special Children

Specialty: Household products for persons with low vision
LS & S Group, Inc.
P.O.Box 673
Northbrook, IL 60065
Catalog: LS & S

Specialty: Daily living aids
Mature Wisdom
P.O.Box 28
Hanover, PA 17333-0028
Catalog: Mature Wisdom

Specialty: Home and office electronics, voice technology
Science Products
Box 888
Southeastern, PA 19399
Catalog: Sensory Aid and Resource Guide

Specialty: Clothing
Everest & Jennings
3233 East Mission Oaks Blvd.
Camarillo, CA 93010
Catalog: Avenues

Specialty: Daily living aids
Hammacher & Schlemmer
Midwest Operations Center
9180 Le Saint Dr.
Fairfield, Ohio 45014
Catalog: Hammacher & Schlemmer

Specialty: Women's clothing
Comfort Clothing
Kingston, Inc.
21 Harvey Street
Kingston, Ontario K7K 5C1
Catalog: Comfort Clothing

Specialty: Computer hardware, software, and special peripherals
Dunamis, Inc.
3620 Highway 317
Suwanee, GA 30174
Catalog: Plug Into The Power

Specialty: Telephone aids
AT&T National Special Needs Center
2001 Route 46, Suite 310
Parsippany, NJ 07054
Catalog: AT&T Special Needs Center Catalog

Specialty: Daily living aids, household
Ableware
Maddak, Inc.
Pequannock, NJ 07440-1993
Catalog: Ableware: Indpendent Living From Maddak, Inc.

Specialty: Household, games, visual aids
American Foundation for the Blind
Consumer Products
15 West 16th Street
New York, NY 10011
Catalog: Products for People With Vision Problems

Specialty: Daily living aids, household
Aids Unlimited, Inc.
Alternative Independence Devices & Services
1101 N. Calvert Street
Suite 405
Baltimore, MD 21202
Catalog: Aids Unlimited

Specialty: Aids for the visually impaired and blind, household
Ann Morris Enterprises, Inc.
26 Horseshoe Lane
Levittown, NY 11756
Catalog: Ann Morris

Specialty: Visual aids, household, games and gifts
Associated Services for the Blind
Division, ASB
919 Walnut Street
Philadelphia, PA 19107
Catalog: Sense-sations Store for Blind/Sighted

Specialty: Household products
Sears & Roebuck, Inc.
HomeLiving Catalog
(800) 366-3000

Specialty: Aids for children
Jesana, Ltd.
P.O. Box 17
Irvington, NY 10533
Catalog: Jesana Ltd. A Very Special Catalog

Specialty: Augmentative cmmunication devices
Mayer-Johnson Co.
P.O. Box 1579
Solana Beach, CA 92075-1579
Catalog: Non-Speech Communication Products, 1992

Specialty: Daily living aids for posture
Rifton
Box 901
Rifton, NY 12471-0901
Catalog: Rifton, for People with Disabilities
Cost: Free

Specialty: Daily living aids
able net, inc.
1081 Tenth Avenue, SE
Minneapolis, MN 55414-1312
Catalog: 1993 Catalog

Specialty: Augmentative communication devices
Augmentative Communication Consultants, Inc.
Airport Corporate Center, Suite 304
894 Beaver Grade Road
Coraopolis, PA 15108-2633
Catalog: ACC I
Cost: Free

Specialty: Daily living aids, household
Enrichments
145 Tower Drive
P.O. Box 579
Hinsdale, IL 60521
Catalog: Enrichments for Better Living

Specialty: Daily living aids for older persons
University of Missouri-Kansas city
Institute for Human Development
2200 Holmes
Kansas City, MO 64108
Catalog: Making Life Easier: Inexpensive Aids for Older Persons with Disabilities

Specialty: Daily Living Aids
Flaghouse, Inc.
150 No. MacQuestern Pkwy.
Mt. Vernon, NY 10550
Catalog: Special Populations, Infant to Adult

Specialty: Resource for training materials
National Clearing House of Rehabilitation Training Materials
Oklahoma State University
816 West 6th Street
Stillwater, OK 74075-0435
Catalog: Featured Training Materials Catalog/Fall 1992

Specialty: Special education software
Cambridge Development Laboratory, Inc.
86 West Street
Waltham, MA 02154
Catalog: Special Times

Specialty: Various products for independent living for work and play
adaptAbility
P.O. Box 515
Colchester, CT 06415-0515
Catalog: adaptAbility

Specialty: Products for physical therapy, rehabilitation and special education
JA Preston Corp
P.O. Box 89
Jackson, MI 49204
Catalog: Preston

U.S. Department of Education Policy Statements and Directives

Trainers Please Note: The policy letters for this section are located in Appendix #6.

Program Notes

Trainers please note: This section is optional. For participant convenience you may want to add plain copies of the overheads (located at the end of each module) to allow for easy note taking.

Appendix 4

State Protection and Advocacy Agencies, and Client Assistance Programs (VR) - (Nationwide)

STATE PROTECTION AND ADVOCACY AGENCIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, MENTAL ILLNESS AND THE CLIENT ASSISTANCE PROGRAM

03/93

ALABAMA

CAP Division of Rehabilitation 205-281-8780
and Crippled Children Services
2129 E. South Blvd
P. O. Box 11586
Montgomery, AL 36111

DD Alabama Disabilities Advocacy Program 205-348-4928
MI The University of Alabama 205-348-9484 TDD
P. O. Box 870395 800-826-1675
Tuscaloosa, AL 35487-0395

ALASKA

CAP ASIST 907-333-2211
2900 Boniface Parkway, #100
Anchorage, AK 99504-3195

DD Advocacy Services of Alaska 907-344-1002
MI 615 E. 82nd Avenue, Suite 101 800-478-1234
Anchorage, AK 99518

AMERICAN SAMOA

CAP Client Assistance Program and 10288-011-
DD Protection & Advocacy 684-633-2441
MI P. O. Box 3937
Pago Pago, American Samoa 96799

ARIZONA

CAP Arizona Center for Law in the 602-274-6287
DD Public Interest
MI 3724 N. Third Street, Suite 300
Phoenix, AZ 85012

ARKANSAS

CAP DD MI	Advocacy Services, Inc. Evergreen Place, Suite 201 1100 North University Little Rock, AR 72207	501-324-9215 800-482-1174

CALIFORNIA

CAP	Client Assistance Program 830 K Street Mall, Room 220 Sacramento, CA 95814	916-322-5066
DD MI	Protection & Advocacy, Inc. 101 Howe Avenue, Suite 185N Sacramento, CA 95825	916-488-9950 800-776-5746 818-546-1631 LA 510-839-0811 OK

COLORADO

CAP DD MI	The Legal Center 455 Sherman Street, Suite 130 Denver, CO 80203	303-722-0300

CONNECTICUT

CAP DD MI	Office of P&A for Handicapped and Developmentally Disabled Persons 60 Weston Street Hartford, CT 06120-1551	203-297-4300 203-566-2102 MI 800-842-7303 (statewide)

DELAWARE

CAP	Client Assistance Program United Cerebral Palsy, Inc. 13 S.W. Front Street, Suite 105 Milford, DE 19963	302-422-6744
DD MI	Disabilities Law Program 144 E. Market Street Georgetown, DE 19947	302-856-0038

DISTRICT OF COLUMBIA

CAP	Client Assistance Program	202-727-0977
	Rehabilitation Services Administration	
	605 G Street, NW	
	Washington, DC 20001	
CAP	Information Protection & Advocacy	202-966-8081
DD	Center for Handicapped Individuals	
MI	4455 Connecticut Ave, NW, Suite B100	
	Washington, DC 20008	

FLORIDA

CAP	Advocacy Center for Persons w/Disabilities	904-488-9071
DD	2671 Executive Center, Circle West	800-342-0823
MI	Webster Building, Suite 100	800-346-4127 TDD only
	Tallahassee, FL 32301-5024	

GEORGIA

CAP	Division of Rehabilitation Service	404-894-7547
	878 Peachtree St., NE, Suite 708	
	Atlanta, GA 30309	
DD	Georgia Advocacy Office, Inc.	404-885-1234
MI	1708 Peachtree St., NW, Suite 505	800-282-4538
	Atlanta, GA 30309	

GUAM

CAP	Parent Agencies Network	
	130 Rehabilitation Center Street	
	Koror, Guam 96911	
DD	The Advocacy Office	10288-011-
MI	Micronesia Mall,Office A	671-632-PADD (7233)
	West Marine Drive	671-632-PAMI (7264)
	Dededo, Guam 96912	

HAWAII

CAP Protection & Advocacy Agency 808-949-2922
DD 1580 Makaloa Street, Suite 1060
MI Honolulu, HI 96814

IDAHO

CAP Co-Ad, Inc. 208-336-5353
DD 4477 Emerald, Suite B-100
MI Boise, ID 83706

ILLINOIS

CAP Illinois Client Assistance Program 217-782-5374
100 N. First Street, 1st Floor
Springfield, IL 62702

DD Protection & Advocacy, Inc. 312-341-0022
MI 11 East Adams, Suite 1200
Chicago, IL 60603

INDIANA

CAP Indiana Advocacy Services 317-232-1150
DD 850 North Meridian, Suite 2-C 800-622-4845
MI Indianapolis, IN 46204

IOWA

CAP Client Assistance Program 515-281-3957
Division on Persons w/Disabilities
Lucas State Office Building
Des Moines, IA 50310

DD Iowa Protection & Advocacy Service, Inc. 515-278-2502
MI 3015 Merle Hay Road, Suite 6
Des Moines, IA 50310

KANSAS

CAP	Client Assistance Program	913-296-1491
	Biddle Building, 2nd Floor	
	2700 West 6th Street	
	Topeka, KS 66606	
DD	Kansas Advocacy & Protective Service	913-776-1541
MI	2601 Anderson Avenue	800-432-8276
	Manhattan, KS 66502	

KENTUCKY

CAP	Client Assistance Program	502-564-8035
	Capitol Plaza Tower	800-633-6283
	Frankfort, KY 40601	
DD	Office for Public Advocacy, Division for P&A	502-564-2967
MI	100 Fair Oaks Lane, 3rd Floor	800-372-2988
	1264 Louisville Road	
	Frankfort, KY 40601	

LOUISIANA

CAP	Advocacy Center for the Elderly	504-522-2337
DD	and Disabled	800-662-7705
MI	210 O'Keefe, Suite 700	
	New Orleans, LA 70112	

MAINE

CAP	CARES, Inc.	207-622-7055
	4-C Winter Street	
	August, ME 04330	
DD	Maine Advocacy Services	207-626-2774
MI	32 Winthrop	800-452-1948
	P.O. Box 2007	
	Augusta, ME 04338	

MARYLAND

CAP	Client Assistance Program Maryland State Department of Education Division of Vocational Rehabilitation 300 West Preston St, Suite 205 Baltimore, MD 21201	410-333-7251
DD MI	Maryland Disability Law Center 2510 St. Paul Street Baltimore, MD 21218	410-235-4700 410-235-4227 800-233-7201

MASSACHUSETTS

CAP	MA Office on Disability Client Assistance Program One Ashburton Place, Room 303 Boston, MA 02108	617-727-7440
DD	Disability Law Center, Inc. 11 Beacon Street, Suite 925 Boston, MA 02108	617-723-8455
MI	Center for Public Representation 22 Green Street Northampton, MA 01060	413-584-1644

MICHIGAN

CAP	Client Assistance Program Department of Rehabilitation Services P. O. Box 30008 Lansing, MI 48909	517-373-8193
	Commission for the Blind 201 North Washington Square Box 30015 Lansing, MI 48909	517-373-6425
DD MI	Michigan P&A Service 106 West Allegan, Suite 210 Lansing, MI 48933	517-487-1755

MINNESOTA

CAP Minnesota Disability Law Center 612-332-1441
DD 430 First Avenue North, Suite 300
MI Minneapolis, MN 55401-1780

MISSISSIPPI

CAP Client Assistance Program 601-982-7051
Easter Seal Society
3226 N. State Street
Jackson, MS 39216

DD Mississippi P&A System for DD, Inc. 601-981-8207
MI 5330 Executive Place, Suite A
Jackson, MS 39206

MISSOURI

CAP Missouri P&A Services 314-893-3333
DD 925 S. Country Club Drive, Unit B-1
MI Jefferson City, MO 65109

MONTANA

CAP Montana Advocacy Program 406-444-3889
DD 316 N. Park, Room 211 800-245-4743
MI P.O. Box 1680
Helena, MT 59624

NEBRASKA

CAP Client Assistance Program 402-471-3656
Division of Rehabilitation Services
Nebraska Department of Education
301 Centennial Mall South
Lincoln, NE 68509

DD Nebraska Advocacy Services, Inc. 402-474-3183
MI 522 Lincoln Center Building
215 Centennial Mall South
Lincoln, NE 68508

NEVADA

CAP	Client Assistance Program 1755 East Plumb Lane, #128 Reno, NV 89502	702-688-1440 800-633-9879
DD MI	Office of Protection & Advocacy, Inc. 2105 Capurro Way, Suite B Sparks, NV 89431	702-688-1233 800-992-5715

NEW HAMPSHIRE

CAP	Client Assistance Program Governor's Commission for the Handicapped 57 Regional Drive Concord, NH 03301-9686	603-271-2773
DD MI	Disabilities Rights Center P. O. Box 19 18 Low Avenue Concord, NH 03302-0019	603-228-0432

NEW JERSEY

CAP DD	Client Assistance Program NJ Department of the Public Advocate Division of Advocacy for the DD Hughes Justice Complex, CN 850 Trenton, NJ 08625	609-292-9742 800-792-8600
MI	NJ Department of Public Advocate Division of Mental Health Advocacy Hughes Justice Complex, CN 850 Trenton, NJ 08625	609-292-1750

NEW MEXICO

CAP DD MI	Protection & Advocacy System, Inc. 1720 Louisiana Blvd., NE, Suite 204 Albuquerque, NM 87110	505-256-3100 800-432-4682

NEW YORK

CAP	NY Commission on Quality of Care	518-473-7378
DD	for the Mentally Disabled	518-473-4057
MI	99 Washington Avenue, Suite 1002	
	Albany, NY 12210	

NORTH CAROLINA

CAP	Client Assistance Program	919-733-3364
	North Carolina Division of Vocational Rehabilitation Services	
	P. O. Box 26053	
	Raleigh, NC 27611	
DD	Governor's Advocacy Council for	919-733-9250
MI	Persons with Disabilities	800-821-6922
	1318 Dale Street, Suite 100	
	Raleigh, NC 27605	

NORTH DAKOTA

CAP	Client Assistance Program	701-224-4625
	400 East Broadway, Suite 303	
	Bismarck, ND 58501-4038	
DD	The North Dakota	701-224-2972
MI	Protection & Advocacy Project	800-472-2670
	400 E. Broadway, Suite 515	800-642-6694
	Bismarck, ND 58501	(24 hour-line)

N. MARIANAS ISLANDS

CAP	Karidat	670-234-6981
DD	P.O. Box 745	
MI	Saipan, CM 96950	

OHIO

CAP	Client Assistance Program	614-466-9956
	Governor's Office of Advocacy for People with Disabilities	
	30 East Broad Street, Room 1201	
	Columbus, OH 43266-0400	

Ohio cont.

DD MI	Ohio Legal Rights Service 8 East Long Street, 6th Floor Columbus, OH 43215	614-466-7264 800-282-9181

OKLAHOMA

CAP	Client Assistance Program Oklahoma Office of Handicapped Concerns 4300 N. Lincoln Blvd, Suite 200 Oklahoma City, OK 73105	405-521-3756
DD MI	Oklahoma Disability Law Center, Inc. 4150 South 100th East Avenue, 210 Cherokee Bldg Tulsa, OK 74146-3661	918-664-5883

OREGON

CAP	Oregon Disabilities Commission 1257 Ferry Street, SE Salem, OR 97310	503-378-3142
DD MI	Oregon Advocacy Center 625 Board of Trade Building 310 Southwest 4th Avenue, Suite 625 Portland, OR 97204-2309	503-243-2081

PENNSYLVANIA

CAP	Client Assistance Program (SEPLS) 1650 Arch Street, Suite 2310 Philadelphia, PA 19103	215-557-7112
	Client Assistance Program Medical Center East 211 N. Whitfield, Suite 215 Pittsburgh, PA 15206	412-363-7223 (Western PA)
DD MI	Pennsylvania P&A, Inc. 116 Pine Street Harrisburg, PA 17101	717-236-8110 800-692-7443

PUERTO RICO

CAP Planning Research and Special Project 809-766-2388
DD Ombudsman for the Disabled 809-766-2333
MI P. O. Box 5163
Hato Rey, PR 00919-5163

RHODE ISLAND

CAP Rhode Island P&A System Inc., (RIPAS) 401-831-3150
DD 151 Broadway, 3rd Floor
MI Providence, RI 02903

SOUTH CAROLINA

CAP South Carolina P&A System for the 803-782-0639
DD Handicapped, Inc. 800-922-5225
MI 3710 Landmark Drive, Suite 208
Columbia, SC 29204

SOUTH DAKOTA

CAP South Dakota Advocacy Services 605-224-8294
DD 221 South Central Avenue 800-658-4782
MI Pierre, SD 57501

TENNESSEE

CAP Tennessee Protection & Adovcacy, Inc. 615-298-1080
DD P. O. Box 121257 800-342-1660
MI Nashville, TN 37212

TEXAS

CAP Advocacy, Inc. 512-454-4816
DD 7800 Shoal Creek Blvd., Suite 171-E 800-252-9108
MI Austin, TX 78757

UTAH

CAP Legal Center for People w/Disabilities 801-363-1347
DD 455 East 400 South, Suite 201 800-662-9080
MI Salt Lake City, UT 84111

VERMONT

CAP	Client Assistance Program Ladd Hall 103 South Main Street Waterbury, VT 05676	802-241-2641 800-622-4555
DD	Vermont DD Law Project 12 North Street Burlington, VT 05401	802-863-2881
	Citizen Advocacy, Inc. Chase Mill, 1 Mill Street Burlington, VT 05401	802-655-0329
MI	Vermont Advocacy Network, Inc. 65 South Main Street Waterbury, VT 05676	802-244-7868

VIRGINIA

CAP DD MI	Department for Rights of Virginians w/Disabilities James Monroe Building 101 North 14th Street, 17th floor Richmond, VA 23219	804-225-2042 800-552-3962

VIRGIN ISLANDS

CAP DD MI	Virgin Islands Advocacy Agency 7A Whim Street, Suite 2 Frederiksted, VI 00840	809-772-1200 809-776-4303 809-772-4641 TDD

WASHINGTON

CAP	Client Assistance Program P. O. Box 22510 Seattle, WA 98122	206-721-4049 206-721-4575
DD MI	Washington Protection & Advocacy Sys. 1401 E. Jefferson, Suite 506 Seattle, WA 98122	206-324-1521

WEST VIRGINIA

CAP	West Virginia Advocates, Inc.	304-346-0847
DD	1524 Kanawha Blvd., East	800-950-5250
MI	Charleston, WV 25311	

WISCONSIN

CAP	Governor's Commission for People with Disabilities	608-267-7422 800-362-1290
	1 W. Wilson Street, Room 558	
	P. O. Box 7850	
	Madison, WI 53707-7850	
DD	Wisconsin Coalition for Advocacy	608-267-0214
MI	16 N. Carroll Street, Suite 400	
	Madison, WI 53703	

WYOMING

CAP	Wyoming Protection & Advocacy System	307-638-7668
DD	2424 Pioneer Avenue, Suite 101	307-632-3496
	Cheyenne, WY 82001	800-821-3091
		800-624-7648

NATIVE AMERICAN

DD	DNA People's Legal Services, Inc.	602-871-4151
	P. O. Box 306	
	Window Rock, AZ 86515	

Appendix 5

Resources

Included in this Appendix:

- ✓ Suggested Readings
- ✓ Suggested Videos

Suggested Readings for Trainers and Service Providers

Arnold, B.R. (1983). Attitudinal research and the Hispanic handicapped: A review of selected needs. *Journal of Rehabilitation, 49*(4), 36-38.

Association for Cross-Cultural Education and Social Studies, Inc. (1981). *Rehabilitation in the 80's: Understanding the Hispanic and disabled resource manual*. Bethesda, MD: Author.

Banks, J. (1989). Black youth in predominantly white suburbs. In R.L. Jones (Ed) *Black adolescents*, 65-77, Berkeley: Cobb-Henry.

Bernstein, G. (1984). Ethnicity: The search for characteristics and context. *Theory Into Practice*, 23(2) 98-103.

Billingsley, A. (1988). *Black families in white America*. New York: Touchstone.

Bowe, F. (1985). *Disabled adults of Hispanic origin*. Washington, DC: U.S. Government Printing Office.

Brookfield, S. D. (1986). *Understanding and facilitating adult learning*. San Francisco: Jossey-Bass.

Callaway, T., & Tucker, C. M. (1986). Rehabilitation of deaf black individuals: Problems and intervention strategies. *The Journal of Rehabilitation, 52*(__), 53-56.

Cuellar, I., & Arnold, B.R. (1988). Cultural considerations and rehabilitation of disabled Mexican Americans. *The Journal of Rehabilitation, 54*(3), 35-41.

Dillard, J. L. (1972). *Black English: Its history and usage in the United States*. New York: Vintage.

____. (__1987). The new black middle class. *Ebony*. pp__.

Freidman, P., & Allen, R. (1984). Learning teaching styles: Applying the principles. *Theory Into Practice*, 23(1) 72-76.

Garlington, J. A. (1991). *Helping dreams survive: The story of a project involving African-American families in the education of their children*. Washington, D. C.: National Committee for Citizens in Education.

Gilbert, T. F. (1978). *Human competence: Engineering worthy performance*. New York: McGraw-Hill.

Herbert, J. T., & Cheatham, H. E. (1988). Afrocentricity and the black disability experience: A theoretical orientation for rehabilitation counselors. *Journal of Applied Rehabilitation Counseling, 19,* 50-54.

Hilliard, A. (January 1989). *Teachers and cultural styles in a pluralistic society.* Washington, DC.: National Education Association.

Hurtado, A. & Arce, C. (Spring 1986). Mexicans, Chicanos, Mexican Americans, or Pochos... que somos? The impact of language and nativity on ethnic labeling. *Aztlan, 17*(1), 103-130.

Irujo, S. (1989). Why they all talk at once? Thoughts on cultural differences. *Equity Choice, 5*(3), 14-18.

Jackson, James S. (1991). *Life in black America.* Newbury Park: Sage.

Johnson, D. W. (1990). *Reaching out: Interpersonal effectiveness and self-actualization.* Minnesota: University of Minnesota, Prentiss Hall.

Kavanaugh, K. H. & Kennedy, P. H. (1992). *Promoting cultural diversity.* Newbury Park: Sage.

Knowles, M. (1980). *The modern practice of adult education: From pedagogy to andragogy.* Chicago: Association Press Follett Publishing Company.

Laird, D. (1985). *Apprcaches to training and development,* (2nd ed.). Reading, MA: Addison-Wesley Publishing Company.

McAdoo, Pipes Harriet, (Ed.). (1993). *Familty ethnicity: Strength in diversity.* Newbury Park: Sage.

National Education Association (June 1987). *Hispanic concerns,* (Study Committee Report). Washington, D.C.: Author.

National Education Association (June 1987). *Black concerns,* (Study Committee Report). Washington, D.C.: Author.

National Institute on Disability and Rehabilitation Research. (1986). Rehabilitation of non-white disabled people. *Rehab Brief, IX* (10), Alexandria, VA: Author.

Pape, D., Walker, G., & Quinn, F. (1983). Ethnicity and disability: Two minority statuses. *Journal of Applied Rehabilitation Counseling, 14*(4), 18-23.

Robinson, R. (1979). *An introduction to helping adults learn and change.* Milwaukee: Omnibrook Press.

Santiago, A. M. (1988). Provision of vocational rehabilitation services to blind and visually impaired Hispanics: The case of New Jersey. *Journal of Applied Rehabilitation Counseling, 19*(4), 11-15.

Staff. (1984). Review of black and deaf in America: Are we that different?, *Rehabilitation Literature, 45*(5-6), 179.

Suggested Videos for Trainers and Service Providers

Americans with Disabilities Act: A New Era - summarizes and explains the implications of the Americans with Disabilities Act of 1990. (Available through the Utah Assistive Technology Program, Utah State University, Center for Persons with Disabilities, UMC 6855, Logan, UT 84322, 1-800-333-Utah.)

Growing Up Capable - demonstrates technology for children. (Available through AbleNet, Inc., 1081 10th Avenue, SE, Minneapolis, MN 55414-1312, 1-800-322-0956.)

Independence Through Technology - demonstrates various ways for people with disabilities to achieve their independence through the use of technology. (Available through Seaside Education Associates, Inc., P.O. Box 341, Lincoln Center, MA 01773, 1-800-886-8477.)

The Sky's the Limit - demonstrates recreational opportunities of many kinds for various disabilities. (Available through the Utah Assistive Technology Program, Utah State University, Center for Persons with Disabilities, UMC 6855, Logan, UT 84322, 1-800-333-Utah.)

Appendix 6

Assistive Technology Policy Letters

LETTER SUMMARY:

Assistive Technology and the IEP

In this letter dated August 10, 1990, Dr. Judy A. Schrag of the Office of Special Education and Rehabilitative Services, clarifies the right of a child with a disability to assistive technology devices and services under P.L. 94-142, the federal mandate for a free appropriate public education.

The letter states:

- school districts cannot presumptively deny assistive technology to a student with a disability;

- the need for assistive technology must be considered on an individual case by case basis in the development of the child's individual education program (IEP);

- assistive technology can be special education or a related service;

- assistive technology can also be a form of supplementary aid or service utilized to facilitate a child's education in a regular education environment;

- if participants on the IEP team determine a child requires assistive technology in order to receive a free appropriate public education, and designate such assistive technology as either special education or a related service, then the services must be provided at no cost to the parents.

This letter is followed by a memo from Michael Morris of United Cerebral Palsy (UCPA), Inc., that gives a synopsis of the letter and a list of action steps to be undertaken at the local and state level to ensure that the policy turns into real benefits for the student.

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

AUG 10 1990

Ms. Susan Goodman
Lawyer/Consultant
18182 Headwaters Drive
Olney, Maryland 20832

Dear Ms. Goodman:

This is in response to your recent letter to the Office of Special Education Programs (OSEP) concerning obligations of public agencies under Part B of the Education of the Handicapped Act (EHA-B) to provide assistive technology to children with handicaps.

Specifically, your letter asks:

1. Can a school district presumptively deny assistive technology to a handicapped student?
2. Should the need for assistive technology be considered on an individual case-by-case basis in the development of the child's Individual Education Program?

In brief, it is impermissible under EHA-B for public agencies (including school districts) "to presumptively deny assistive technology" to a child with handicaps before a determination is made as to whether such technology is an element of a free appropriate public education (FAPE) for that child. Thus, consideration of a child's need for assistive technology must occur on a case-by-case basis in connection with the development of a child's individualized education program (IEP).

We note that your inquiry does not define the term "assistive technology" and that the term is not used either in the EHA-B statute or regulations. The Technology-Related Assistance For Individuals With Disabilities Act of 1988, Pub. L. 100-407, contains broad definitions of both the terms "assistive technology device" and "assistive technology service." See Section 3 of Pub. L. 100-407, codified as 29 U.S.C. 2201, 2202. Our response will use "assistive technology" to encompass both "assistive technology services" and "assistive technology devices."

BEST COPY AVAILABLE

Under EHA-B, State and local educational agencies have a responsibility to ensure that eligible children with handicaps receive FAPE, which includes the provision of special education and related services without charge, in conformity with an IEP. 20 U.S.C. 1401(18); 34 CFR §300.4, (a) and (d). The term "special education" is defined as "specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child . . . ." 34 CFR §300.14(a). Further, "related services" is defined as including "transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education." 34 CFR §300.13(a).

The EHA-B regulation includes as examples 13 services that qualify as "related services" under EHA-B. See 34 CFR §300.13(b)(1)-(13). We emphasize that this list "is not exhaustive and may include other developmental, corrective, or other supportive services ... if they are required to assist a handicapped child to benefit from special education." 34 CFR §300.13 and Comment. Thus, under EHA-B, "assistive technology" could qualify as "special education" or "related services."

A determination of what is an appropriate educational program for each child must be individualized and must be reflected in the content of each child's IEP. Each child's IEP must be developed at a meeting which includes parents and school officials. 34 CFR §§300.343-300.344. Thus, if the participants on the IEP team determine that a child with handicaps requires assistive technology in order to receive FAPE, and designate such assistive technology as either special education or a related service, the child's IEP must include a specific statement of such services, including the nature and amount of such services. 34 CFR §300.346(c); App. C to 34 CFR Part 300 (Ques. 51).

EHA-B's least restrictive environment (LRE) provisions require each agency to ensure "[t]hat special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." 34 CFR §300.550(b)(2); see also Analysis to Final Regulations published as Appendix A to 45 CFR Part 121a, 42 F.R. 42511-13 (August 23, 1977). Assistive technology can be a form of supplementary aid or service utilized to facilitate a child's education in a regular educational environment. Such supplementary aids and services, or modifications to the regular education program, must be included in a child's IEP. Id. Appendix C to 34 CFR Part 300 (ques. 48).

In sum, a child's need for assistive technology must be determined on a case-by-case basis and could be special education, related services or supplementary aids and services for children with handicaps who are educated in regular classes.

I hope the above information has been helpful. If we may provide further assistance, please let me know.

Sincerely,

Judy A. Schrag

Judy A. Schrag, Ed.D
Director
Office of Special Education
Programs

UNITED
CEREBRAL
PALSY
ASSOCIATIONS

GOVERNMENTAL
ACTIVITIES
OFFICE

1522 "K" Street, NW
Suite 1112
Washington, DC
20005

202 842 1266
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MICHAEL W.
MORRIS
Director

ALLAN I.
BERGMAN
Deputy
Director

LEONARD H.
GOLDENSON
Board Chairman

JACK HAUSMAN
Vice Chairman

MARTIN
RUBENSTEIN
Vice Chairman

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MacDONALD
President

RALPH SHAPIRO
1st Executive Vice President

BERNADETTE KLEIN
2nd Executive Vice President

KENNETH R. AUERBACH
Vice President
Finance

WILLIAM
BERENBERG, MD
Vice President
Medical Affairs

JACK M.
WEINSTEIN, ESQ.
Vice President
General Counsel

JOHN W. KLUGE
President, UCPA
Research & Educational
Foundation

JOHN D. KEMP
Executive Director

Action Alert

September 4, 1990

TO: Interested Persons

FROM: Michael Morris

RE: **OFFICE OF SPECIAL EDUCATION PROGRAMS CLARIFIES RIGHT TO ASSISTIVE TECHNOLOGY**

United Cerebral Palsy Associations (UCPA), Inc. working in cooperation with Susan Goodman, an attorney and a parent of a child with a disability, have successfully secured a new policy letter from the Office of Special Education Programs (OSEP) that clarifies the right of a child with a disability to assistive technology devices and services under P.L. 94-142, the federal mandate for a free appropriate public education.

The letter issued on August 10th states clearly:

- school districts cannot presumptively deny assistive technology to a student with a disability;
- the need for assistive technology must be considered on an individual case by case basis in the development of the child's individual education program (IEP);
- assistive technology can be special education or a related service;
- assistive technology can also be a form of supplementary aid or service utilized to facilitate a child's education in a regular education environment;
- if participants on the IEP team determine a child requires assistive technology in order to receive a free appropriate public education, and

> designate such assistive technology as either special education or a related service, then the services must be provided at no cost to the parents.

Attached is a list of action steps to be undertaken at the local and state level to ensure that this important OSEP policy clarification translates into real benefits for students in the form of access to assistive technology in the schools. In addition, if you are having problems with accessing assistive technology in your school system, write Dr. Judy Schrag, Director, Office of Special Education Programs, 330 C Street, SW, Washington, DC 20202-2736. Let her know about what is happening to families. Please copy us on your letter. Together, let's work on improving access to assistive technology for children of school age. The letter from the Department of Education is reprinted in its entirety for your information and review.

MM/slk

ACTION STEPS TO CONSIDER

LOCAL LEVEL

1. Share this memo and policy letter with parents, therapists, educators, and administrators.

2. Arrange for a meeting with your local special education director to discuss a process to insure appropriate assessment of children's needs for assistive technology:
    a. will notice be provided to parents of the right to assistive technology?
    b. will a process be established or refined to identify children who have needs for assistive technology that remain unmet in the current school year?
    c. who will participate on the assessment team? What are their qualifications to evaluate the utilization of technology devices and/or services to benefit from special education or facilitate a child's education in a regular education environment?
    d. what standards will be applied to determine if technology needs meet the requirements of FAPE, free appropriate public education as "special education, a related service, or a supplementary aid or service?"
    e. to what extent will parents and the child's therapists be involved in the assessment process and the determination of unmet technology needs to be documented and responded to on the child's IEP?
    f. when there are disagreements between the child's parents and school system personnel what process will be in place to conduct further or an independent evaluation of technology needs?
    g. will the full scope of technology interventions be considered to respond to problems of:
        - learning
        - mobility
        - communication
        - non-handicapped peer interaction in the least restrictive environment?

3. If the above list of issues are not worked out to your satisfaction consider:
    a. contacting the state director of special education to provide technical assistance; and
    b. call and write Dr. Judy Schrag, Director, Office of Special Education Programs, 330 C Street, SW, Washington, DC 20202-2736 (202) 732-1007; to intervene and assist in resolving problem issues.

4. Decisions must be made on an individual child basis not for a group of children or a particular type of disability. Cost and availability of devices and/or services cannot be a part of the decisionmaking process to meet a child's right to a free appropriate public education.

STATE LEVEL

1. Arrange a meeting with your state director of special education.

2. Seek an acceptable resolution to the following issues:
   a. what steps will the state agency take to insure compliance by all local educational agencies in the state with the new OSEP policy letter on the right to assistive technology?
   b. will a set of model or instructive guidelines be developed on a state level to assist compliance of local education agencies?
   c. what monitoring of local school systems will be done to insure LEA compliance?
   d. can agreement be reached in writing on a definition of practices that would improve access and availability of assistive technology on a statewide basis to school age children with disabilities?

3. Consider the establishment of a task force that includes parents, therapists, non-profit providers, and local school system representatives to develop compliance guidelines. Issues to be addressed include:
   a. adequate notice to families about the right to assistive technology;
   b. identification and assessment process;
   c. building system capacity and competencies to provide appropriate services (training and equipment purchases);
   d. appropriate integration of technology as a means to improve:
      - learning
      - mobility
      - communication
      - interaction with non-disabled peers;
   e. dispute resolution; and
   f. transition of technology supports after a child ages out of special education.

4. If you are not satisfied with the resolution of these issues, please contact Dr. Judy Schrag, Director, Office of Special Education Programs, 330 C Street, SW, Washington, DC 20202-2736 (202) 732-1007.

LETTER SUMMARY:

Taking Assistive Technology Home From School

In this letter dated November 27, 1991, Dr. Schrag further clarifies questions concerning assistive technology. There are three main areas of concern. The first question asks whether or not assistive technology is limited to school use. The answer is a very clear no. The policy letter states that "if the IEP team determines that a particular assistive technology item is required for home use in order for a particular child to be provided FAPE, the technology must be provided to implement the IEP."

The second question asks what happens if a school board does not approve a proposal (IEP). Dr. Schrag replies "after the IEP is developed and the placement decision is made by a group of persons knowledgeable about the child, the meaning of the evaluation data and placement options, the public agency must implement the IEP."

The final question asks if there is a time limit on the implementation of updated IEP's. Dr . Schrag's reply states that in accordance with the law the IEP "must be in effect before special education and related services are provided to a child and must be implemented as soon as possible following the meetings required to develop, review or revise a child's IEP."

This letter is followed by a response from Michael Morris of United Cerebral Palsy, in the *A. T. Quarterly,* that also highlights the main points of this very important policy letter concerning assistive technology.

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

NOV 27 1991

Dear :

This is response to your recent letter to the Office of Special Education Programs (OSEP) requesting a copy of any OSEP policy clarifications on assistive technology, as well as asking specific questions concerning the assistive technology needs for your . You also ask a question about the time limits for implementation of an individualized education program (IEP).

In response to your request, I am enclosing a copy of OSEP's August 10, 1990 letter to Ms. Susan Goodman concerning the obligations of public agencies under Part B of the Individuals with Disabilities Education Act (Part B), formerly cited as Part B of the Education of the Handicapped Act, to provide assistive technology to children with disabilities, along with some additional information on assistive technology and a copy of the Part B regulations. I would also like to provide you with OSEP's response to each of your specific questions as stated below.

> I would like to make the request to the appropriate officials for another CCTV for home use to accomplish the same results as is done in school. (For homework, reading books, any assignment from school)

The IEP, which must be developed at a meeting that includes parents and school officials, must contain, among other things, a statement of the specific special education and related services to be provided to the child. See 34 CFR §§300.343-300.346. As stated in OSEP's letter to Ms. Goodman, if the IEP team determines that a child with disabilities requires assistive technology in order to receive a free appropriate public education (FAPE), and designate such assistive technology as either special education or a related service, the child's IEP must include a specific statement of such services, including the nature and amount of such services. See 34 CFR §300.346(c); App. C to 34 CFR Part 300 (Ques. 51). The need for assistive technology is determined on a case-by-case basis, taking into consideration the unique need of each individual child. If the

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IEP team determines that a particular assistive technology item is required for home use in order for a particular child to be provided FAPE, the technology must be provided to implement the IEP.

> If the committee approves this request, it will go to the School Board for approval. I would like to know what happens if the School Board doesn't approve the proposal? Is it impartial hearing time?

As part of the public agency's Part B obligation to provide FAPE to an eligible child with disabilities, the public agency must ensure that special education and related services are provided in conformity with an IEP which meets the requirements of 34 CFR §§300.340-300.349. One requirement, at 34 CFR §300.343(a), is that the public agency conduct a meeting to develop, review, and revise a child's IEP. The Regulations require that certain participants attend the IEP meeting. See 34 CFR §300.344. The role of the participants at the IEP meeting is to determine the specific special education and related services that a child needs in order to receive FAPE. Once the determination is made at a meeting convened pursuant to 34 CFR §300.343(a), Part B does not recognize any authority on the part of a local School Board to unilaterally change the statement of special education and related services contained in the IEP. After the IEP is developed and the placement decision is made by a group of persons knowledgeable about the child, the meaning of the evaluation data and placement options, the public agency must implement the IEP. See 34 CFR §300.533(a)(3). Without reconvening the IEP meeting, the local school board could not change the IEP.

> Is there a time limit on implementation of updated IEP's[?] Every year I have long delays on implementation of Board approved IEP's[.]

Part B imposes no specific time limits for the implementation of IEPs. The Part B regulations at 34 CFR §300.342(b) require that an IEP: (1) must be in effect before special education and related services are provided to a child; and (2) must be implemented as soon as possible following the meetings required to develop, review or revise a child's IEP. The answer to Question 4 in Appendix C to the Part 300 regulations states that no delay is permissible between the time a child's IEP is finalized and when special education and related services is provided. It is expected that the special education and related services set out in the IEP will be provided by the agency beginning immediately after the IEP is finalized. In certain circumstances such as when the IEP meeting occurs during the summer or a vacation period, or where there are circumstances which require a short delay (e.g. working out transportation arrangements) the implementation may not be immediate. See Comment 34 CFR §300.342.

I hope that this information is helpful to you. Please let us know if you have any additional questions or concerns.

Sincerely,

Judy A. Schrag

Judy A. Schrag
Director
Office of Special Education
Programs

Enclosures

POLICY IN THE MAKING

THE RIGHT TO TAKE ASSISTIVE TECHNOLOGY HOME FROM SCHOOL

By Michael Morris

Based on amendments to Part B of the *Individuals with Disabilities Education Act* in 1991 and the 1990 policy letter of the Office of Special Education Programs (OSEP) in response to Ms. Susan Goodman there is a clear right to assistive technology for a child with a disability to be determined on an individualized basis by the Individualized Education Program (IEP) team. If the IEP team, including the parents, determines that the child requires assistive technology in order to receive a Free Appropriate Public Education (FAPE) as either a means to benefit from special education or a related service or to be educated in the least restrictive environment, then the IEP must include a specific statement of such devices and services needed, including the nature and amount of such devices and services. In school districts across the country, there is a growing awareness and recognition of the right to assistive technology, taking into consideration the unique needs of each individual child. Parents have a right to question assessment and placement decisions, inquire about assistive technology as a means to achieve specific skill levels, seek an independent evaluation, and appeal any aspect of the Individualized Education Program when agreement cannot be reached with the IEP team.

Can assistive technology aids or equipment be limited to in school use? In a new policy letter from OSEP, the answer is a very clear no. In a letter to Dr. Judy Schrag, Director of the Office of Special Education Programs, the request was made for another CCTV for home use to accomplish the same results as in school (for homework, reading, books, and any assignment from school). The response was that "if the IEP team determines that a particular assistive technology item is required for home use in order for a particular child to be provided FAPE, the technology must be provided to implement the IEP." It is not a valid rationale for a school system to deny categorically any request for assistive technology to go home because of inadequate property insurance coverage. These decisions must be made on a case-by-case basis recognizing each child's strengths and weaknesses in an educational context.

In the same policy letter, OSEP also clarifies the federal intent on two related issues. First, the letter states clearly that a "local school board may not unilaterally change the statement of special education and related services contained in the IEP for a child." A school board can not reject the decision(s) of an IEP team. A school board can not change a child's IEP, refuse to pay for it, or in any way refuse or slow down implementation.

Second, the policy letter clarifies that "no delay is permissible between the time a child's IEP is finalized and when special education and related services are provided." Dr. Schrag explains that there are some circumstances which require a short delay (e.g. working out transportation arrangements or an IEP meeting which occurs during the summer). However, the intent of the law and regulations is quite clear. In order for a child to receive a Free Appropriate Public Education, services should begin "immediately" after the IEP is finalized.

What does this policy letter mean to states funded under the *Technology-Related Assistance For Individuals With Disabilities Act of 1988* (P.L. 100-407)? It is an opportunity to again meet with your state special education director and review your state's policies regarding the right to assistive technology for children with disabilities. Have local school districts been notified in writing about inclusion of assistive technology in the IEP based upon a "benefit from education" test? Have local school districts been notified about consideration of assistive technology for home use as part of a child's right to a Free Appropriate Public Education? Each state department of education faces major challenges this summer in planning for the new school year to begin next September. Building the capacity of the education system to evaluate for assistive technology needs and deliver assistive technology services on a statewide basis is an important responsibility that deserves the attention of all states funded under P.L. 100-407 now as part of a systems change agenda. Please share your state's revised policies with the RESNA Technical Assistance Project Office so we can share them with other states (A full copy of the new policy letter from Dr. Schrag is available from the RESNA Technical Assistance Project Office, 1101 Connecticut Avenue, NW, Suite 700, Washington, D.C. 20036).

Policy Directive on Rehab. Engineering and Technical Assistance Circular on Rehabilitation Engineering Technology

In this policy memo, Commissioner Nell C. Carney and United Cerebral Palsy Associations, Inc., have worked to create a policy that will provide leadership and direction on the application of assistive technology to aid in employment and independent living opportunities for individuals with disabilities.

The main points of the policy directive:

a) defines rehabilitation technology as including "a range of services and devices which can supplement and enhance individual functions;

b) states the importance of applying rehabilitation technology services when making determinations of eligibility;

c) makes clear that the application of assistive technology is equally important for those individuals who are:

i) in extended evaluation to determine rehabilitation potential;
ii) receiving services under an Individualized Written Rehabilitation Program (IWRP) if such devices are appropriate;
iii) undergoing annual review when the case was closed as too severe;
iv) undergoing annual review and re-evaluation when the case is in extended employment in rehabilitation facilities; or
v) receiving post-employment services;

d) mandates that the provision of rehabilitation technology services is not conditioned on finding alternative funding (comparative benefits test) VR is the payor of first rather than last resort;

e) requires each state VR agency to provide as an attachment to their three year state plan a description of how rehabilitation technology services will be provided to assist an increasing number of individuals with disabilities.

Following the policy directive is a summary and action steps suggested by Michael Morris at a Specialized Training Conference through the RESNA Technical Assistance Project.

U.S. Department of Education
Office of Special Education and
Rehabilitation Services
Rehabilitation Services Administration
Washington, D.C. 20202

(Retyped From Original)

Policy Directive
RSA-PD-91-03
RSA 2040 1/
DATE: November 16, 1990

TO:	STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL) STATE VOCATIONAL REHABILITATION AGENCIES (BLIND) RSA DISCRETIONARY GRANTEES CLIENT ASSISTANCE PROGRAMS RSA SENIOR MANAGEMENT TEAM
SUBJECT:	Policy Statement on Rehabilitation Engineering (See also RSA-TAC)

BACKGROUND: The 1986 Amendments to the Rehabilitation Act of 1973 (Public Law 99-506) placed a new emphasis on the provision of rehabilitation engineering services. The term "rehabilitation engineering" as defined in the Act means: " ... the systematic application of technologies, engineering methodologies or scientific principles to meet the needs of and address the barriers confronted by individuals with handicaps in areas which include education, rehabilitation, employment, transportation, independent living, and recreation.10 With the enactment of Public Law 99-506, the rehabilitation process reached a new milestone in the continuum of services for individuals with disabilities by expanding their opportunities for a better quality of life.

POLICY STATEMENT: It is the policy of the Rehabilitation Services Administration (SA) to promote, encourage and Support the application of rehabilitation engineering technology in the provision of services to people with disabilities. Rehabilitation technology encompasses a range of services and devices which can supplement and enhance individual functions. It also encompasses services which impact the environment through environmental changes, such as job re-design or worksite modifications. Rehabilitation technologists may employ one or both types of services in order to enhance employment opportunities for an individual. Any evaluation of a client's need for rehabilitation technology services must be performed by personnel skilled in rehabilitation engineering technology.

Application of rehabilitation engineering services is especially important when making determinations of eligibility. This is particularly so for those individuals whose disabling conditions are of a severity that otherwise might lead to a finding o'. ineligibility. Application of these technologies, methodologies and principles are equally important for those individuals who are:

- In extended evaluation to determine rehabilitation potential
- Receiving services under an individualized written rehabilitation program (IWRP) if such services are appropriate
- Undergoing annual review when the case was closed as too severe
- Undergoing annual review and re-evaluation when the case is in extended employment in rehabilitation facilities
- Receiving post-employment services.

The Federal statute stipulates that tho provision of rehabilitation engineering services by state vocational rehabilitation (VR) agencies is not conditioned on a determination that comparable services and benefits are unavailable under any other program. This does not mean, however, that if such services are readily available to the individual from other sources they should not be utilized by VR agencies.

RSA is strongly committed to the utilization of the expertise available through rehabilitation engineering. Each State VR agency must provide, as an attachment to its Three Year State Plan under Title I a description of how rehabilitation engineering services will be provided to assist an increasing number of individuals with handicaps.

CITATIONS IN LAW:

Section 7(5)(H), and (12), Section 101(a)(5)(c), Section 101(a)(8), 101(a)(9), 101(a)(16), Section 102(a) and (b) and (c), Section 103(a)(1)(A), Section 103(a)(12), of the Rehabilitation Act of 1973, as amended

CITATIONS IN REGULATIONS:	34 CFR 361.1 34 CFR 361. 2 (b) (1) (i) 34 CFR 361.32 (c) 34 CFR 361.33 (b) 34 CFR 361.34 (b) and (e)(2) 34 CFR 361.35 (d) 34 CFR 361.40 (c) and (d) 34 CFR 361.41 (a)(3) 34 CFR 361.42 (a)(15) and (b) 34 CFR 361.47 (b)(2)(v) 34 CFR 361.58
EFFECTIVE DATE:	Upon issuance
POLICY DELETED:	None
INQUIRIES TO:	Regional Commissioners

Nell C. Carney

Commissioner of Rehabilitation
Services Administration

cc: CSAVR
NAPAS

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION (Retyped From Original)
AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

TECHNICAL ASSISTANCE CIRCULAR
RSA-TAC-91-01
RSM-2040 1/
DATE: November 16, 1990

TO: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
CLIENT ASSISTANCE PROGRAMS
RSA DISCRETIONARY GRANTEES
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Rehabilitation Engineering Technology
(See also RSA-PD- 91-03)

BACKGROUND: The 1986 Amendments to the Rehabilitation Act of 1973 (Public Law 99-506) placed a new emphasis on the provision of rehabilitation technology services. The term "rehabilitation engineering" is defined in the Act at Section 7 (12) as: "the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address barriers confronted by individuals with handicaps in areas which include education, rehabilitation, employment, transportation, independent living, and recreation." With the addition of this definition of rehabilitation engineering, and other provisions regarding an assessment of the need for rehabilitation process incorporated into the Act by Public Law 99-506, it is clear that Congress intended that greater emphasis be place on the furnishing of rehabilitation technology.

In an effort to provide information to the States for training purposes regarding the Act and the intent of Congress about the increased provision of rehabilitation technology, the National Institute on Disability and Rehabilitation Research (NIDRR) funded a grant in October 1986 to the University of Wisconsin-Stout for the Thirteenth Institute of Rehabilitation Issues (IRI) to develop a publication entitled Rehabilitation Technologies. This publication is an excellent source of information and can be purchased through the National Clearing House, Oklahoma State University, 816 West 6th Street, Stillwater, Oklahoma 74078, or the Research and Training Center, School of Education and Human Services, University of Wisconsin-Stout, Menomonie, Wisconsin 54751.

Subsequent to enactment of the 1986 amendments to the Rehabilitation Act of 1973, Congress passed and the President signed Public Law 110-407, Technology Related Assistance for Individuals with Disabilities Act, known as the "Tech Act". As of this date, twenty-three (23) grants have been awarded to Stated for the development and implementation of consumer-responsive programs of technology-related assistance for individuals of all ages with disabilities. Of the 23 State grants presently funded, 13 were awarded to State vocational rehabilitation (VR) agencies as the lead agency. In addition, NIDRR has funded a national technical assistance contract to assist States in implementing plans in the area of technology. This technical assistance contract was awarded to RESNA (formerly the Rehabilitation Engineering Society of North America). For further information contact Ms. Karen Franklin, Program Director, RESNA, Suite 700, 1101 Connecticut Avenue, NW Washington, DC 20036. Ms. Franklin's telephone number is (202)857-1140.

The dramatic growth of technology has added many new devices, aids, and enhancements which can effectively eliminate many barriers encountered by individuals with disabilities. Rehabilitation technology is available either to substitute for functions lost through disability, or to supplement or enhance existing functions in order to expand employment and independent living opportunities.. Thus, it encompasses a range of services which can supplement and enhance individual functions. It also encompasses services which impact the environment through environmental change, such as job re-design or worksite modification. Rehabilitation technologists may employ one or both types of services in order to enhance employment opportunities for an individual. Today, the use of rehabilitation technology significantly increases the ability of rehabilitation agency clients' in achieving independent and productive lives. Rehabilitation technology greatly enhances the effectiveness of other rehabilitation agency services and activities.

GUIDELINES AND SUGGESTED METHODS:

A. Evaluation of VR Potential

Section 103 (a) (1) (A) of the Act requires that each State VR agency when conducting an evaluation of VR potential (or) extended evaluation to determine VR potential) must provide if appropriate, rehabilitation engineering services to any individual with a handicap in order to assess and develop the individual's capacities to perform adequately in a work environment. An evaluation of a client's need for rehabilitation engineering services must be performed by personnel skilled in rehabilitation engineering technology. Rehabilitation engineering services can be provided by VR State Agencies without consideration of the availability of comparable services and benefits from any other program. However, where rehabilitation engineering services are readily available to the individual from other sources such resources should be used.

B. The IWRP

If rehabilitation engineering services are an integral component to the rehabilitation of an individual with handicaps, the individualized written rehabilitation program (IWRP) must identify the specific rehabilitation program services to be provided to assist in the attainment of intermediate objectives and long-range rehabilitation goals for the individual [Sec 102 (b) (1) (D)] Such services are exempt form the requirement to use comparable services and benefits available under any other program; however, where rehabilitation engineering services are readily available to the individual from other sources it is prudent to use such resources at any point in the rehabilitation process.

C. Economic Need

State VR agencies can not condition the provision of an evaluation of rehabilitation potential, including diagnostic and related services (which is part of the determination of eligibility), on economic need. Under a program of extended evaluation to determine VR potential, rehabilitation engineering services, other than of a diagnostic nature, may be subject to economic need if a State so elects.

There is no Federal requirement that the financial need of an individual with handicaps be considered in the provision of any VR services, including rehabilitation engineering services. If a State VR agency establishes an economic needs test for rehabilitation engineering services, or for any other service for which an economic needs test is permitted, the State VR agency must maintain written policies identifying the criteria and methods for determination financial need. Such policies must be applied uniformly so that equitable treatment is accorded all individuals with handicaps in similar circumstances.

An economic needs test may be applied for the provision of rehabilitation engineering services as a post-employment service necessary for the individual to maintain or regain other suitable employment. The needs test policy, however, can be no more restrictive for a client who is receiving rehabilitation engineering as a post-employment service than that which was applied to such service prior to the client's having been determined rehabilitated.

D. Reviews

The IWRP must be reviewed as often as necessary but at least on an annual basis. Each individual with handicaps or, as appropriate, that individual's parent, guardian, or other representative, must be given the opportunity to review the IWRP and, if necessary, re-develop and agree to its terms [Sec. 102 (b) (2)]. The utilization of rehabilitation engineering technology may lead to a re-development of the IWRP with revised intermediate and long-range rehabilitation objectives.

When conducting an annual review of any case closed after services were begun because the individual was found to be incapable of achieving avocational gaol and was therefore no longer eligible, such review should, as appropriate, utilize the expertise available through rehabilitation engineering and related technology. The State VR agency is responsible for initiating the first review of the ineligibility decision. Any subsequent reviews should also utilize the expertise available through rehabilitation engineering technology.

In meeting the requirement for periodic review and reevaluation, at least annually, of those individuals closed in extended employment in rehabilitation facilities, maximum use of rehabilitation technology should be made in identifying and evaluating those individual's capabilities for competitive employment.

E. State Plan

Each State VR agency must provide, as an attachment to its Title I Three Year Staten Plan, a description of how rehabilitation engineering services will be provided to assist an increasing number of individuals with handicaps. This attachment can address the methods undertaken by the State VR agency to train professional staff in the utilization of rehabilitation technology in areas such as (1) evaluating client needs; (2) providing technical assistance to employers to foster job development, job modification, and architectural accessibility; (3) providing technical assistance to public school if there is a program of transitioning clients from school to work; and (4) creating employment opportunities. This description should be tied into the findings of Statewide studies and the annual evaluation of the State VR agency's program as well as the methods used by the State VR agency to expand and improve services to those individuals who have the most sever handicaps as required by attachment 8.4A of the State plan.

F. Written Policy

As is the case with all other VR services for individuals, each State VR agency must establish and maintain a written policy on the nature and scope and the conditions, criteria, and procedures under which rehabilitation engineering services are to be provided. This written policy should address the need for rehabilitation process, including evaluation of rehabilitation potential (preliminary and thorough diagnostic study), extended evaluation, services provided under an IWRP, annual reviews of ineligibility decisions, annual reviews of extended employment in rehabilitation facilities, and post employment services.

In establishing its policies, State VR agencies have the discretion under Section 101 (a) (6) (A) of the Rehabilitation Act and 34 CFR 361.42(b) to establish a reasonable fee schedule and a maximum dollar limit (1) is designed to ensure the lowest reasonable cost to the program for such a service, (2) is not so low as to effectively deny any client a necessary service, and (3) is not absolute and permits exceptions so that individual client needs can be addressed.

When applying these policies, State VR agencies' guidelines on "case services annual dollar limits" and "specific service dollar limits" must take into account the following principles based in law and regulations.

1. Service decisions should not be subject to arbitrary, categorical limitations on expenditures when the applicant is eligible and the service is otherwise appropriate.

2. Reasonable fee schedules should be established; however, fee schedules should be sufficiently flexible to allow for exceptions to established limits based upon appropriate justification of a client's individual needs and circumstances.

3. Regulations contained in EDGAR (34 CFR Part 80.22b)-OMB Circular A-87) provide, in part, that costs to be allowable under a grant program must be necessary and reasonable for the proper and efficient administration of the grant program.

4. There is an obligation to exercise prudence in the development of a client's IWRP. Employment objectives must be realistic and attainable within the constraints of funds available to the VR program.

These principle govern all goods and services which are available to eligible clients under the State agency's plan of services for individuals with handicaps.

G. Additional Sources of Information

National Rehabilitation Information Center (NARIC)
8455 Colesville Road, Suite 935
Silver Spring, Maryland 20910-3319

NARIC produces a bibliographic database, REHABDATA, covering disability related research literature. REHABDATA includes citations to research reports from NIDRR-sponsored centers and other sources, scholarly papers, and selected journal articles as well as audiovisual materials and reference documents.

ABLEDATA Services
Newington Children's Hospital
181 East cedar Street
Newington, CT 06111

ABLEDATA maintains and updates a database of commercial products for use in all aspects of independent living.

Job Accommodation Network (JAN)
West Virginia University
809 Allen Hall
Morgantown, West Virginia 26506
Project Manager: Barbara Judy
(800) 526-7234

Financing Adaptive Technology: A guide to Sources and Strategies for Blind and Visually Impaired Users by:

Steven B. Mendelsohn
Smiling Interface
Post Office Box 2792
Church Street Station
New York, New York 10008-2792
(212) 222-0312

This book develops strategies for financing rehabilitation technology that is appropriate for the non-blind population as well.

National Clearing House of Rehabilitation Training Materials
816 West 6th Street
Oklahoma State University
Stillwater, Oklahoma 74078
(405) 624-7650

STATUTORY AND REGULATORY CITATIONS:

(1) Sections 7 (5) (H), and (12), 101 (a) (5) (C), 101 (a) (8), 101 (a) 9, 101 (a) (16), 102 (a) and (b) and (c), 103 (a) (1) (A), and 103 (a) (12) of the Rehabilitation Act of 1973, as amended

(2) 34 CFR Sections 361.1, 361.2 (B) (1) (i) and (2) (iii), 361.32 (c), 361.33 (b), 361.34, 361,35 (d), 361.39, 361.40, 361.41, 361.42 (a) (15) and (b), 361.47 (a) and (b) (2) (v), and 361.58

INQUIRIES: RSA Regional Commissioners

Nell C. Carney
Commissioner of Rehabilitation
Services Administration

cc: SCAVR
NAPAS

REHABILITATION SERVICES ADMINISTRATION ISSUES NEW POLICY DIRECTIVE ON ASSISTIVE TECHNOLOGY

by Michael W. Morris

Background

The 1986 Amendments to the Rehabilitation Act placed a new emphasis on the provision of rehabilitation technology services.

The intent of the Amendments was to recognize the critical role assistive technology could play in determining initial eligibility for rehabilitation services. Once an individual is determined eligible for services, assistive technology could be a critical component of an individual's rehabilitation plan making a job placement possible.

United Cerebral Palsy Associations, Inc. (UCPA) working closely with RSA Commissioner Nell Carney and her staff reached agreement that a policy memo to the field would provide needed leadership and new emphasis on the application of assistive technology to expand employment and independent living opportunities for individuals with disabilities.

On November 16, 1990, Commissioner Carney issued a policy directive and a technical assistance circular to state vocational rehabilitation agencies that for the first time since the Amendments were passed by Congress in 1986, sets a clear direction for expanded access and availability of rehabilitation technology services and devices.

The publication of these policy memos from Commissioner Carney is a major victory for individuals with severe disabilities nationwide. Commissioner Carney's leadership in authoring this policy directive will place new critical pressure on each state's rehab agency to take seriously the mandate of access to assistive technology. Advocacy in individual states will be necessary to ensure implementation of these technology amendments.

THE POLICY DIRECTIVE:

a) defines rehabilitation technology as including "a range of services and devices which can supplement and enhance individual functions." It also includes "services which impact the environment through environmental changes such as job redesign or worksite modifications;

b) states the importance of applying rehabilitation technology services when making determinations of eligibility. "This is particularly important for those individuals whose disability conditions are of a severity that otherwise might lead to a finding of ineligibility.";

c) makes clear that the application of assistive technology is equally important for those individuals who are:
  i) in extended evaluation to determine rehabilitation potential;
  ii) receiving services under an individualized written rehabilitation program (IWRP) if such services are appropriate;
  iii) undergoing annual review when the case was closed as too severe;
  iv) undergoing annual review and re-evaluation when the case is in extended employment in rehabilitation facilities; or
  v) receiving post-employment services;

d) mandates that the provision of rehabilitation technology services is not conditioned on finding alternative funding (comparative benefits test) VR is the payor of first rather than last resort. This exemption from the comparable benefits test should minimize waiting or delays in accessing assistive technology services or devices; and

e) requires each state VR agency to provide as an attachment to their three year state plan a description of how rehab-ilitation technology services will be provided to assist an increasing number of individuals with disabilities.

ACTION STEPS

1) Share this article and policy memo with parents, individuals with disabilities who are either currently being carried on a VR caseload or have been determined previously to be ineligible for VR services, and local service providers.

2) Urge adults with disabilities to reapply for VR services.

3) On a local level, make an appointment to meet with the supervisor or manager of your area office of Vocational Rehabilitation.

4) Share with this individual a copy of the policy directive and technical assistance circular.

Learn whether or not the State VR agency has established a written policy on the nature and scope, and the conditions, criteria, and procedures under which rehab technology services are to be provided.

This written policy according to RSA must address the need at any time in the rehabilitation process:

- eligibility
- evaluation of rehab potential
- extended evaluation
- services provided under an IWRP
- annual reviews of ineligibility decisions

- annual reviews of extended employment in rehab facilities and
- post employment services.

5) If a written policy does not exist, offer to participate in a planning process that would assist in the identification of experts and concerned individuals to develop new comprehensive written policies and practices.

Such policies will most likely need to break new ground regarding assessment of rehab potential and the initial determination of eligibility for rehab services. The traditional assessment approaches and extended evaluation process tends not to apply assistive technology to redefine function levels and rehabilitation potential. An individual with very limited motor control has totally different prospects for employment when he or she has been assisted by powered mobility, an augmentative communication system, and a computer accessed by a head pointer to an adapted keyboard.

An assessment of an individual with severe disabilities should consider how assistive technology devices and services can:
(a) increase or supplement function; and
(b) modify environments to accommodate individual abilities. (In the home or workplace including transportation systems)

6) Critical questions to be answered by VR include establishing:
(a) new objective written standards for the application of technology in the ultimate determination of eligibility for rehabilitation services;
(b) a process of notifying all individuals previously determined ineligible for rehabilitation services, about the new standard for determining eligibility including the application of rehab technology; and
(c) once eligible, a process to determine assistive technology services and devices that may be included as part of an individual's written rehabilitation plan.

7) If a written policy does exist or you assist in the development of new written policies, please make sure the following issues have been addressed:
(a) who will participate in the determination of eligibility for rehab services?
(b) what qualifications will an individual(s) need to have to consider the application of assistive technology as part of the determination of eligibility?
(c) what standards will be applied regarding technology application as part of the process to determine eligibility?
(d) will the full scope of technology interventions be considered to respond to problems of mobility,

communication, learning, reach or manipulation of objects, and independent living?
(e) will the full scope of technology interventions be considered in addition to the process of determining eligibility to be a part of (1) annual review of ineligibility (2) scope of services defined and included as part of the IWRP (3) post employment services?
(f) will the provision of rehab technology services be provided without delay based on the exemption from the comparable benefits test?
(g) what limits if any have been set by the state VR agency to the (1) type or scope (2) cost (3) duration of technology supports to be provided as part of the IWRP?
(h) are any of those limits made on an arbitrary basis that have a practical effect of denying an individual appropriate rehabilitation services?
(i) are there standards that govern the decision making regarding scope, cost, or duration of technology supports? Please note decisions must be made on an individualized basis.

8) Establish a calendar and priorities for training of VR counselors, educators, and other interested providers to implement this policy directive.

9) If the above list of issues are not worked out to your satisfaction (a) contact your state VR director; and (b) call and write Commissioner Nell C. Carney, Rehabilitation Services Administration, Mary E. Switzer Building, 330 C Street, SW, Room 3325, Washington, DC 20202-2899; (202) 732-1282.

STATE LEVEL ACTION TO BE TAKEN

1) Arrange a meeting with your state director of Vocational Rehabilitation.

2) Seek an acceptable resolution to the following issues:
    a) What steps will the state agency take to insure compliance in the state with the new RSA policy letter on assistive technology?
    b) Will a set of model or instructive guidelines be developed on a state level to assist compliance at an area level?
    c) Can agreement be reached in writing on a definition of practices that would improve access and availability of assistive technology on a statewide basis.

3) Consider the establishment of a task force including parents and adults with disabilities, the client assistance program and representatives of nonprofits such as UCP and Easter Seals to provide advice and guidance in the development of:
    a) an assessment process;
    b) building system capacity and competencies to provide appropriate services; and
    c) a streamlined funding approval process for purchase of assistive technology services and devices.

4) Meet with your client assistance program and your protection and advocacy agency to share these action steps and enlist their support for working on individual cases that will establish precedents for access to assistive technology.

5) If you are not satisfied with the resolution of these issues please contact: Commissioner Nell C. Carney, Rehabilitation Services Administration, Mary E. Switzer Building, 330 C Street, SW, Room 3325, Washington, DC 20202-2899; (202) 732-1282.

Overheads

(Masters included at the end of each module.)

Overheads

Marketing Tip #1

☞ **Identify the Characteristics of the Population**

Overhead: *Tip #1*

Marketing Tip #2

☞ **Find the Population**

Overhead: *Tip #2*

Marketing Tip #3

☞ **Make Community Contacts**

Overhead: *Tip #3*

Marketing Tip #4

☞ **Develop Your Marketing Materials**

Overhead: ***Tip #4***

Marketing Tip #5

☞ **Get the Word Out**

Overhead: *Tip #5*

Population Growth

White Americans = 6%

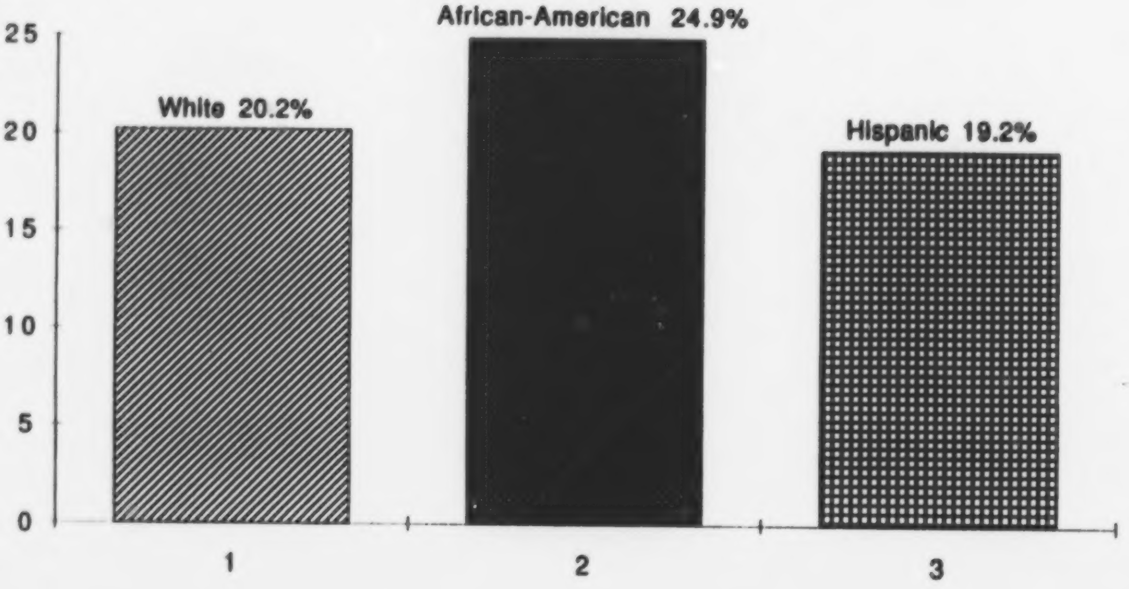
Hispanics = 53%

African-Americans = 13.2%

Asian or Pacific Islander = 107%

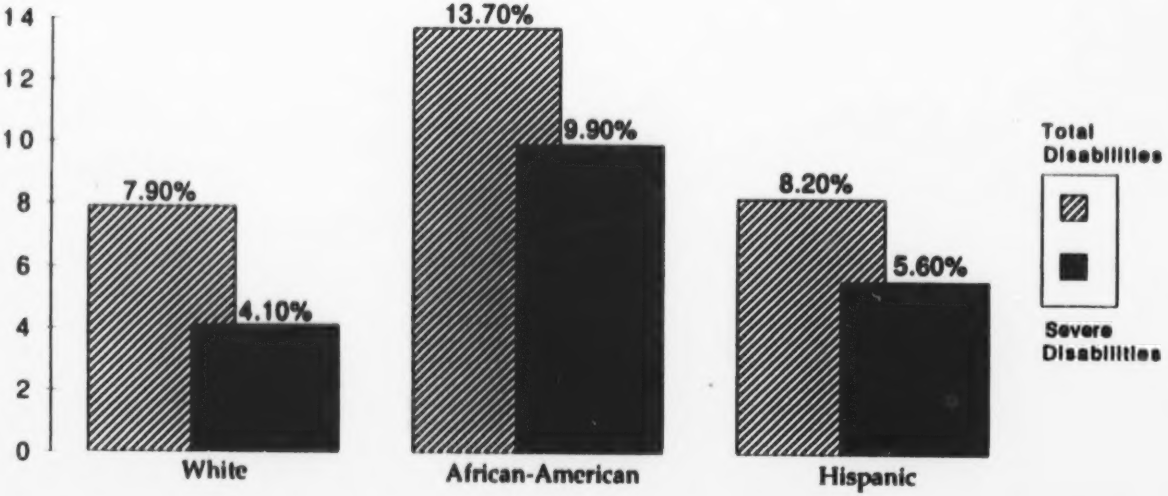
Overhead: ***Population Growth***

Functional Limitations of Persons 15 Years and Over (1984)



Overhead: ***Functional Limitation***

Percent of Persons 16-64 Year Old with a Work Disability



Overhead: ***Work Disability***

Culture

- ✔ Behavior patterns socially acquired and transmitted by symbols
- ✔ Primary mode of transmission is language

Overhead: *Culture*

Racial Group

Identified by Physical
Characteristics

- ✗ Skin Color
- ✗ Features
- ✗ Hair

Overhead: *Racial Minority*

Multicultural Communication Barriers

Language

Non-Verbal Communication

Preconceptions and Stereotypes

Evaluation

Stress

"Dependence on stereotypes reinforces resistance to genuine interest and involvement. For instance, stereotypic associations with danger, violence, poor neighborhoods, limited ability, irresponsibility or non-compliance, tend to discourage positive approaches and communicative efforts."

Overhead: ***Dependence on stereotypes...***

Cross-Cultural

Communication Continuum

Ethnocentricity —— **Cultural Relativity**

Overhead: ***Cross Cultural Communication Continuum***

Cultural Relativity

- The idea that any behavior must be judged first in relation to the context of the culture in which it occurs.

- You must first relate to an individuals interpretations of experiences from his/her own background and cultural belief system before you can effectively communicate.

- If we were to judge an individual with a disability on our cultural norms, we might read more into a situation than really exists.

- Cultural Relativism helps service providers to better understand an individual's responses and behavior.

Ethnocentrism

- The tendency to view one's own culture as the center of the universe, the standard in which all others are to be judged.
- It assumes that one's own cultural patterns are the correct and best way to act.
- This lack of understanding has led to racism and discrimination which are conveyed both subtly and overtly.
- Ethnocentrism breaks down communication between service providers and individuals with disabilities.

"Every group and individual wants respect above all else."

Unknown

Overhead: ***Every Group...***

Outcomes of Effective Communication

- Empowerment through awareness of one's own values
- Awareness of other's perspectives
- The ability to make effective choices
- Facilitates coping with change
- Brings an appreciation of alternatives
- Fosters recognition of bias resulting from culture bound, time bound or class bound views
- Mutual communication promotes the ability to help persons find and accept appropriate services.

Overhead: *Outcomes of Effective Communication*

Plan of the Day

What Assistive Technology is

Laws Relating to Assistive Technology

Types of Assistive Technology

How to Pay for Assistive Technology

Where to Find the Right Assistive Technology

Try Some Assistive Technology

Overhead: ***Plan of the Day***

Assistive Technology Is:

Products That Make Life Easier For Persons With Disabilities -

- ◆ WORKING
- ◆ PLAYING
- ◆ COMMUNICATING
- ◆ LIVING INDEPENDENTLY

Assistive Technology is not always high tech!

Overhead: ***Assistive Technology Is:***

Assistive Technology Service

- ✔ Help in finding the right device
- ✔ Help in buying or borrowing a device
- ✔ Showing consumers how the device is used
- ✔ Showing consumers how to take care of the device

What is RESNA?

An Interdisciplinary Association for the Advancement of Rehabilitation and Assistive Technology

Its Members Include:

- Persons with Disabilities
- Service Providers
- Physical/Occupational/Speech Therapists
- Rehabilitation Engineers
- Manufacturers/Vendors
- Policy Makers
- Physicians
- and Others!

A Publisher of Articles, Newsletters, Books, and a Journal on Assistive Technology

Host of Regional and National Conferences

Overhead: ***What is RESNA?***

ASSISTIVE TECHNOLOGY

- ✓ Adapted Toys & Games
- ✓ Adapted Computers
- ✓ Devices That Aid Communication
- ✓ Devices That Increase Improve Mobility
- ✓ Items That Create Accessible Environments

A.T. is for Every Age, Every Disability!

Overhead: *Assistive Technology*

Benefits of Assistive Technology:

- Independence
- Productivity
- Increased Self-Esteem
- Inclusion & Integration into the Community

Equals Increased Quality of Life!

Overhead: ***Assistive Technology Can:***

ASSISTIVE TECHNOLOGY INCLUDES:

- Positioning and Mobility
- Augmentative Communication
- Computer Access
- Adaptive Toys/Games
- Adaptive Environments
- Funding

WHICH IMPACTS:

- Across Environments
- Across Age
- Across Disability
- Across Severity of Disability

AND PRODUCES OUTCOMES OF:

- Independence
- Productivity
- Self-Worth
- Inclusion
- Integration

Overhead: *Assistive Technology Includes:*

Purposes of the "Tech Act"

To help states develop a consumer-responsive system that will:

- Increase awareness of need
- Increase awareness of policy
- Increase opportunity to get assistive technology

Title II Projects

✓ Programs of National Significance

✓ Identify Barriers

A) All-Aboard America:
Develops lift systems for Amtrak trains

B) Alpha One:
Demonstrates viability of loan programs for persons with disabilities

C) Assistive Technology Training for blind persons preparing to enter the job market

Your State Project

Name: ______________________________

Address: ______________________________

Person to Contact: ______________________________

What They are Doing: ______________________________

Overhead: ***Your State Project***

IDEA IS:

The Individuals with Disabilities Education Act of 1990

It Used To Be Called:

The Education for all Handicapped Children Act of 1973

Overhead: ***IDEA IS:***

IDEA and Assistive Technology

1. Free Appropriate Public Education - including special education and related services.
2. Schools must make decisions concerning assistive technology on a case-by-case basis when developing the Individualized Education Program.
3. School system cannot refuse to provide assistive technology before determining if it is needed, nor after positive determination of need is made by the IEP team.
4. Evaluation done by an expert in assistive technology.
5. Assistive Technology can now be provided as part of special education and/or related services/supplemental aids.
6. Provided free of cost to family.

Title I

⇨ Rehabilitation Services

1. Mental or physical disability

2. Disability which causes/creates substantial handicap to employment

⇨ Prior to 1992

3. Reasonable expectation that services will make person employable

The Rehabilitation Act Amendments of 1986

- **Plan describes assistive technology services across state**
- **Evaluation done by a professional in assistive technology**
- **Rehabilitation plan must list needed assistive technology**

1992 Reauthorization

- Presumption of Ability
- Rehabilitation Technology
- IWRP & Assistive Technology
- Assistive Technology exempt from Comparable Service Requirement
- Choice Amendments
- Choice Regulations

Overhead: ***1992 Reauthorization***

Section 504

- ✔ Protection Against Discrimination in Federal Programs

- ✔ Equal Employment Opportunity

- ✔ Equal Education Opportunities

- ✔ Building Access

Overhead: ***Section 504***

RSA Policy Directive
and
Technical Assistance Circular

on Rehabilitation Engineering
to State Rehabilitation Agencies

November 16, 1990

☞ Set a clear direction for expanded access and availability of rehabilitation technology services and devices

Overhead: ***RSA Policy Directive and TA Circular***

RSA Policy Directive on Rehabilitation Engineering

✦ Defines Rehabilitation Technology as a "range of services and devices which can supplement and enhance individual functions."

✦ It also includes "services which impact the environment through environmental changes such as job redesign or worksite modifications."

✦ Clearly states use of assistive technology for individuals

✦ Use of assistive technology throughout rehabilitation process

✦ Mandates Vocational Rehabilitation to be the payor of first resort, not the last

Overhead: *RSA Policy Directive on Rehab. Engineering*

Americans with Disabilities Act of 1990

Title I = ✓ Employment

Title II = ✓ Public Services

Title III = ✓ Public Accommodations

Title IV = ✓ Telecommunications

Title V = ✓ Miscellaneous

Overhead: *Americans with Disabilities Act of 1990*

ADA Enforcement

Title I - Employment:

Equal Employment Opportunity
Commission (EEOC)

Title II - Public Services:

Department of Justice
Department of Transportation

Title III - Public Accommodations:

Department of Justice/Assistant
Attorney General for Civil Rights
Department of Transportation

Title IV - Telecommunication:

Federal Communications
Commission (FCC)

Major Funding $ources

Medicaid

Medicare

Special Education

Rehabilitation Services

Social Security Administration

Workers Compensation

Veterans Administration

Private Health Insurance

Overhead: *Major Funding Sources*

Medicaid

1. Automatically qualify if receiving public assistance or Supplemental Security Income (SSI).

or

2. Severe disability and meet income test.

3. May let persons who were getting SSI, go to work and still get Medicaid benefits.

4. Exceptions for families with children who need constant nursing care.

Medicare

Part A: Mandatory

Part B: Optional

Covers Some Assistive Technology Devices if they:

- **Can withstand repeated use**
- **Serves a Medical Purpose**
- **Not useful to a person unless they are injured or ill & can be used in the home**

and:

- **Must be necessary and reasonable**
- **Should not be the most expensive device**

Overhead: ***Medicare***

Special Education

- ✓ The Right to a Free and Appropriate Public Education
- ✓ Individualized Education Program based on a complete and individual assessment of the specific needs of the child
- ✓ Right to receive related services necessary to benefit from special education like, speech, physical, and occupational therapy.

Rehabilitation Services:

- Provides job related services to persons with disabilities
- Must be found eligible
- Will purchase assistive technology if related to a work goal

Overhead: ***Rehabilitation Services***

Social Security Administration

- No Direct Funding of Assistive Technology
- Several types of assistance for persons with disabilities:
    - ☐ Social Security Disability Insurance (SSDI)
    - ☐ Supplemental Security Income (SSI)
        - Plan to Achieve Self Support (PASS)

Social Security Disability Insurance (SSDI)

Impairment-Related Work Expenses = deduct money spent on medical devices, certain services and equipment from monthly earnings

- helps keep earning level low enough to set aside $ for assistive technology

Supplemental Security Income (SSI)

◆ Plan to Achieve Self Support =

- allows one to set aside $ for assistive technology
- $ set aside in the PASS plan will not count against income eligibility for SSI

ALSO:

Blind Work Expenses under SSI =

- more deductions one can take
- guide dog expenses, transportation to and from work, taxes, vision aids, translation into braille expenses are deductible

Overhead: *SSI and SSDI*

Workers' Compensation

(Illness or injury must be job-related)

Benefits can be:

Cash : income payments for lost wages, lump sums for lost limbs

Medical: assistive technology may be covered here

Rehabilitation: training, medical and vocational rehabilitation

Veterans Administration

Eligibility:

Category A: Service connected veterans, or non-service connected, but with income below $15,000 (single) $18,000 (with dependent).

Category B: Veterans not in Category A, but with annual income below $20,000 (if single) and $25,000 (with dependent).

Category C: All other veterans.

Private Health Insurance

- Condition must be due to accident or illness
- Assistive Technology item must be prescribed by Doctor
- Assistive Technology item must be one of the covered costs of the policy
- If not listed in the 'Exclusions' list - file the claim!
- Appeal denied claims

Overhead: *Private Health Insurance*

Protecting Your Rights

- ✓ Protection and Advocacy for Persons with Disabilities
- ✓ Client Assistance Program

and

- ✓ Office of Civil Rights
- ✓ Community Legal Aid
- ✓ Law Schools

Overhead: *Protecting Your Rights*